DOCUMENT RESUME

ED 111 130 EC 073 448

TITLE	An Assessment of the Needs of the Handicapped in Howard County.
INSTITUTION	Columbia Association, Md. Office of Planning and Evaluation.
PUB DATE	May 75
NOTE	162p.
EDRS PRICE	MF-$0.76 HC-$8.24 Plus Postage
DESCRIPTORS	Architectural Barriers; Community Programs; *Community Surveys; Demography; Educational Programs; Employment Opportunities; Exceptional Child Education; *Handicapped Children; *Incidence; *Needs
IDENTIFIERS	*Maryland (Howard County); Needs Assessment

ABSTRACT

Reported are results from a needs assessment study on handicapped Howard County (Maryland) residents including information on basic population characteristics, inadequate community services for the handicapped, and recommendations for service improvement. Among findings discussed are that 4.3 percent of the population is handicapped; that the most common handicapping conditions are miscellaneous health impairments, special learning disabilities, and speech and orthopedic handicaps; and that 54 percent are school age, 40 percent are adults, and 5 percent are preschoolers. Also considered are identified needs such as inadequate availability and dissemination of information about services for handicapped residents, lack of supportive mental health services oriented to the needs of the handicapped and their families, and a need for group residential housing. Among recommendations presented are the establishment of a citizens' committee for the handicapped, the consideration of new residential living approaches for handicapped persons, and coordination of a county-wide recreation program for the handicapped. Also provided are charts, tables, and diagrams on handicapped population statistics, types of handicapped services available, and architectural barriers; as well as appendixes which include a review of literature and a description of a peer counseling program. (SB)

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AN ASSESSMENT OF THE NEEDS OF THE HANDICAPPED IN HOWARD COUNTY

Office of Planning and Evaluation

Columbia Association

May, 1975

EC013448

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I. SUMMARY

The Office of Planning and Evaluation, in 1974, initiated a study of Howard County's handicapped population. At its inception, the study's focus was on the needs of handicapped residents in Columbia. The decision to focus on this segment of the Columbia population was based in large measure on the thesis that the quality of life in Columbia is not simply determined by how well it serves the general needs of the vast majority of its population, but rather how well it serves the needs of various sub-groups within its population. A group that has frequently been neglected by architects, planners, and deliverers of social services are the handicapped.

The Goals, Policies, and Objectives of the Columbia Association (April 1974) included policies which reflected a specific concern for the needs of the handicapped. These policies include the promotion of a barrier-free environment throughout Columbia, exploring the needs of handicapped pre-schoolers, and several other policies which reflect a concern for residents with special needs. The utility of these policies in terms of allocating resources is limited because there does not exist an adequate level of understanding regarding Columbia's handicapped population, the priorities of their concerns, and the feasibility of addressing those concerns. However, in beginning to take a look at Columbia's handicapped population in order to obtain this information, it became evident that it made little

* The research for this study was accomplished during 1974 by the Columbia Association's Office of Planning and Evaluation. The study was carried out by Vincent Klimas under the direction of Roger Ralph.

sense to focus exclusively on Columbia. The needs of the handicapped in Columbia were clearly interwoven with the needs of the handicapped throughout Howard County, and viewing Columbia's handicapped population in the context of the County as a whole represented a more useful approach. As a result, the focus of the study was broadened and three specific purposes were identified.

- To determine the nature and extent of Howard County's handicapped population.
- To identify the needs perceived by the handicapped residents themselves, and agencies providing services to the handicapped.
- To make recommendations that would improve services presently delivered to handicapped residents of Howard County and enhance the quality of future planning for handicapped residents.

The study found that approximately 4.3% of Howard County's population has a handicap which in some way limits the accomplishment of routine activities. Other health impairments, speech impairments, special learning disabilities, mental retardation, and orthopedic impairments are the most common types of handicaps affecting county residents.* This estimate was based on analysis of enrollment and waiting lists for all agencies serving handicapped residents. Columbians represent 40% of these individuals.

Previous research dealing with the handicapped in Howard County, specifically the 1972 Howard County Commission for Handicapped Children, and the Human Services Task Force, cited inadequate information, architectural barriers, limited employment and recreation opportunities, no public transportation system, little comprehensive planning at the county level, and the absence of an organized citizen advisory group for the handicapped as major problem areas for the handicapped population of the county. This analysis reveals that many of these same problems still exist and makes a number of specific recommendations to address them.

* The definitions of handicap subject areas used in this study are found on pages 11 and 12.

The findings and recommendations are described in chapters IV and V of the report and summarized below. In considering these, it should be understood that while some recommendations focus on special services for the handicapped, it is a basic responsibility for those serving the public to integrate handicapped citizens into their ongoing programs whenever possible.

The lack of knowledge on the part of the public about the nature and effect of handicaps does represent a problem. Such old wives tales suggesting, for instance, that handicapped persons are not capable of working effectively can only be overcome through public education efforts. Thus, it is also a responsibility on the part of organizations and individuals dealing with persons who are handicapped to help dispel the myths that make the lives of handicapped persons more difficult. While this study does not address this issue, it is hoped that the information it contains will help improve the scope and quality of services for handicapped citizens of Howard County and that this, in turn, will minimize the negative impact of misconceptions about handicapped persons.

The most important recommendation herein suggests that the County Executive should establish a Howard County Citizens Committee for the Handicapped that would have responsibility to monitor and recommend improvement in public services for the handicapped. This recommendation is important because it represents the best means available for insuring that the views of handicapped residents are sought and heard in the allocation process for public resources. It is unrealistic to assume that all of the needs of the handicapped can be sensitively addressed by public and private agencies in Howard County. On

the other hand, there is a real need to provide an ongoing impetus to public and private agencies whose work can help handicapped citizens lead a more normal life. If such a commission, for example, had been in existence, public buildings would be better planned for the handicapped, the County's Recreation Department would be more responsive to the needs of handicapped citizens, and more handicapped residents would come forward to participate in decisions that affect their lives.

SUMMARY OF HOWARD COUNTY'S HANDICAPPED POPULATION AN OVERVIEW

1. 4.3% OF HOWARD COUNTY'S POPULATION IS HANDICAPPED.
2. OTHER HEALTH IMPAIRMENTS, SPECIAL LEARNING DISABILITIES, SPEECH IMPAIRMENTS, AND ORTHOPEDIC IMPAIRMENTS ARE THE MOST COMMON HANDICAPS IN HOWARD COUNTY.
3. 54% OF THE HANDICAPPED POPULATION ARE SCHOOL AGE CHILDREN, 40% ADULTS AND 5% PRESCHOOLERS.

SUMMARY OF FINDINGS

1. THE AVAILABILITY AND DISSEMINATION OF INFORMATION ABOUT SERVICES FOR HOWARD COUNTY'S HANDICAPPED RESIDENTS IS INADEQUATE.
2. ALL CA FACILITIES, TO SOME DEGREE, IMPEDE OR PROHIBIT HANDICAPPED PERSONS FROM OBTAINING ACCESS TO IT AS A RESULT OF ARCHITECTURAL BARRIERS.
3. INCREASED EMPLOYMENT OPPORTUNITIES COVERING JOB CONTRACTS, VOCATIONAL TRAINING PROGRAMS AND POSITIVE PERSONNEL POLICIES ARE NEEDED FOR HANDICAPPED PERSONS.
4. SUPPORTIVE MENTAL HEALTH SERVICES ORIENTED TO THE NEEDS OF HANDICAPPED PERSONS AND THEIR FAMILIES ARE RARELY PROVIDED IN HOWARD COUNTY.

5. THE LACK OF ADEQUATE TRANSPORTATION IS A MAJOR PROBLEM FOR THE HANDICAPPED IN HOWARD COUNTY.

6. IN GENERAL, THE HANDICAPPED POPULATION OF HOWARD COUNTY IS NOT WELL ORGANIZED.

7. ORGANIZED RECREATION ACTIVITIES FOR HANDICAPPED PERSONS REACH LESS THAN 10% OF THE HANDICAPPED POPULATION.

8. THERAPEUTIC SERVICES FOR PRE-SCHOOLSERS WITH COMMUNICATIVE DISORDERS AND SERVICES FOR HIGH SCHOOL STUDENTS WITH SPEECH DEFECTS ARE AMONG THE GAPS IN SERVICES FOR HOWARD COUNTY'S HANDICAPPED POPULATION.

9. IN GENERAL, THE QUALITY OF SERVICES FOR THE HANDICAPPED ARE NOT REGULARLY EVALUATED.

10. GROUP RESIDENTIAL HOUSING FOR HANDICAPPED PERSONS IS VIEWED AS A MAJOR NEED IN HOWARD COUNTY.

11. FEW RESIDENTIAL UNITS IN COLUMBIA ARE SUITABLE FOR THE PHYSICALLY HANDICAPPED.

SUMMARY OF RECOMMENDATIONS

1. A CITIZENS COMMITTEE FOR THE HANDICAPPED SHOULD BE ESTABLISHED.

2. HOWARD COUNTY GOVERNMENT, THE COLUMBIA ASSOCIATION, AND PUBLIC AND PRIVATE BUILDERS SHOULD COMPLY WITH STATE REGULATIONS GOVERNING CONSTRUCTION OF FACILITIES FOR THE HANDICAPPED.

3. THE HOWARD COUNTY HUMAN RELATIONS COMMISSION SHOULD BE EMPOWERED TO INVESTIGATE CHARGES OF DISCRIMINATION AGAINST HANDICAPPED CITIZENS.

4. ALL FUTURE SIDEWALK CONSTRUCTION IN HOWARD COUNTY SHOULD PROVIDE CURB RAMPS FOR THE HANDICAPPED.

5. THE COLUMBIA ASSOCIATION AND HOWARD COUNTY SHOULD IMPLEMENT A PROGRAM WHICH REDUCES THE ARCHITECTURAL BARRIERS FOR HANDICAPPED RESIDENTS AT ITS FACILITIES.

6. THE HOWARD COUNTY OFFICE OF INFORMATION AND REFERRAL SHOULD UPDATE AND PUBLISH A DIRECTORY OF SERVICES FOR THE HANDICAPPED AND OTHER GROUPS AT LEAST ANNUALLY.

7. HOWARD COUNTY SHOULD ACTIVELY SEEK FEDERAL AND STATE FUNDS FOR TRANSPORTATION FOR THE HANDICAPPED UNDER PUBLIC LAW (93-89).

8. PUBLIC AND PRIVATE ORGANIZATIONS SHOULD CONSIDER NEW RESIDENTIAL LIVING APPROACHES FOR HANDICAPPED PERSONS.

9. A PROGRAM FOR PRE-SCHOOL EDUCABLE MENTALLY RETARDED CHILDREN SHOULD BE ESTABLISHED IN HOWARD COUNTY.

10. THE HEALTH DEPARTMENT AND THE BOARD OF EDUCATION SHOULD INITIATE A REHABILITATION PROGRAM IN HOWARD COUNTY FOR PRESCHOOL CHILDREN WITH HEARING, SPEECH, AND COMMUNICATIVE HANDICAPS.

11. THE COUNTY MENTAL HEALTH DEPARTMENT AND RELATED AGENCIES SHOULD SPONSOR MENTAL HEALTH PROGRAMS ORIENTED TO THE NEEDS OF HANDICAPPED RESIDENTS AND THEIR FAMILIES.

12. THE COUNTY EXECUTIVE SHOULD ENCOURAGE COUNTY DEPARTMENTS TO ESTABLISH CONTRACTING GOALS FOR JOBS WITH THE HOWARD COUNTY WORKSHOP.

13. PUBLIC AND PRIVATE AGENCIES SHOULD WORK TO ESTABLISH VOCATIONAL TRAINING PROGRAMS FOR HANDICAPPED PERSONS.

14. HOWARD COUNTY NEWSPAPERS SHOULD PROVIDE BROAD PUBLIC COVERAGE FOR INFORMATION ON EXISTING PROGRAMS AND SERVICES FOR THE HANDICAPPED.

15. THE HOWARD COUNTY RECREATION DEPARTMENT SHOULD ASSUME RESPONSIBILITY FOR A COORDINATING COUNTY-WIDE RECREATION PROGRAM FOR THE HANDICAPPED.

16. THE HOWARD COUNTY RECREATION DEPARTMENT SHOULD ASSIST HANDICAPPED INDIVIDUALS TO ORGANIZE TEAMS IN DIFFERENT SPORTS.

17. THE HOWARD COUNTY ASSOCIATION FOR RETARDED CITIZENS SHOULD INITIATE A BREAK-EVEN PILOT AFTER SCHOOL RECREATION PROGRAM FOR HANDICAPPED CHILDREN.

18. THE BOARD OF EDUCATION SHOULD ANALYZE THE NEED FOR A SPEECH THERAPY PROGRAM IN COUNTY HIGH SCHOOLS.

19. THE COLUMBIA ASSOCIATION AND THE HOWARD COUNTY PARENT ASSOCIATION FOR CHILDREN WITH LEARNING DISABILITIES SHOULD WORK TOGETHER TO DEVELOP ART PROGRAMS FOR PERSONS WITH SPECIAL LEARNING DISABILITIES.

20. THE COLUMBIA ASSOCIATION SHOULD MAKE ITS EXERCISE-WEIGHT ROOM AND WHIRLPOOL EQUIPMENT AT THE CA ATHLETIC CLUB AVAILABLE AT RATES WHICH ARE AFFORDABLE BY ALL HANDICAPPED COUNTIANS.

21. A THERAPEUTIC AQUATICS PROGRAM ON A ONE-TO-ONE BASIS FOR HANDICAPPED RESIDENTS WHO CANNOT PARTICIPATE IN THE GROUP PROGRAMS SPONSORED BY THE COLUMBIA JAYCEES SHOULD BE DEVELOPED.

22. THE BALTIMORE REGIONAL PLANNING COUNCIL SHOULD WORK WITH FEDERAL OFFICIALS TO IMPROVE THE QUALITY OF INFORMATION AVAILABLE FROM THE U.S. CENSUS ABOUT THE REGION'S HANDICAPPED POPULATION.

23. LOCAL BOY AND GIRL SCOUT AND OTHER RECREATION ORGANIZATIONS SHOULD INITIATE A PROGRAM AT ROCKLAND AND SCAGGSVILLE SCHOOLS.

24. THE NEED FOR A SPEECH THERAPY PROGRAM AT THE HIGH SCHOOL LEVEL SHOULD BE DETERMINED BY THE SUPERINTENDENT OF SCHOOLS.

II. METHODOLOGY

The data which provided the basis for this study was obtained in a variety of ways which are described below. They included in-depth interviews with local and federal professionals serving the handicapped citizens and their families, and responses by local physicians to a questionnaire.

1. INTERVIEWS WITH 30 PROFESSIONALS IN ALL OF THE 25 AGENCIES SERVICING THE HANDICAPPED IN HOWARD COUNTY.

Open ended interviews ranging from one hour to four hours were conducted with personnel from 25 agencies servicing the handicapped in Howard County. In addition to obtaining basic background and enrollment data, common questions were asked in every interview. What are the needs of your agency? What do you perceive the needs are of the overall handicapped population? What are the needs of the highest priority? Appendix D contains a description of each agency interviewed. The table below lists these agencies.

Agency's Name	Type of Handicap
Columbia Association	All Types
Columbia Hospital & Clinics Foundation	Diagnostic and Evaluative Services
Columbia Jaycees	
Delrey Development Center	Cerebral Palsy (Educable Mentally Retarded)
Division of Vocational Rehabilitation	All Types
Foxleigh Development Center	Respite Care
Gateway Preschool (Baltimore)	Hearing, Speech, Communicative
Happy Hills Hospital	Respite Care
Howard County Assoc. for Retarded	Mentally Retarded
Citizens Activity Center	

Agency's Name	Type of Handicap
Howard County Association of Retarded Citizens, Children's Center	Severely & Profound Mentally Retarded
Howard County Board of Education (Special Educ. Department)	Diagnostic, Hearing, Speech, Visually Impaired, Mentally Retarded, etc.
Howard County Health Department	All Types
Howard County Head Start	All Types
Howard County Workshop Inc.	All Types
John F. Kennedy Institute	All Types
Linwood Children's Center	Autistic
Maryland School for the Blind	Severely Multiple Handicapped
Maryland School for the Deaf (Columbia)	Deaf
Maryland School for the Deaf (Frederick)	Deaf
Rosewood Center	Mentally Retarded
School for Contemporary Education	Emotional
Springfield State Hospital	Mentally Retarded
Towson, Arbutus, and Essex Day Care Centers	Cerebral Palsy, Educable Mentally Retarded

2. INTERVIEWS WITH 25 HANDICAPPED CITIZENS AND/OR THEIR PARENTS.

Open ended interviews ranging from thirty minutes to four hours were conducted with the visually and auditorially handicapped, those with learning disabilities, mentally retarded, orthopedically handicapped, and other health impairments and/or their parents. Interviews were conducted with parent organizations for the Scaggsville School and children with special learning disabilities, as well as the Howard County Association of the educable mentally retarded. Face-to-face interviews were open ended but always included these questions: What are your personal needs as a handicapped citizen and/or parent? What do you perceive the needs are of the overall handicapped population? What are the details, if any, of the perceived need? These needs were recorded and are summarized in the Table on page 23.

3. QUESTIONNAIRES FROM 40 HOWARD COUNTY PHYSICIANS.

The Howard County Department of Mental Health, in cooperation with the Howard County Health Department, sent approximately 100 questionnaires to the county's physicians. Questions involved quantity of clients, knowledge of available programs, and perception of needs. Forty responses were received. Appendix F provides a summary of these responses.

4. INTERVIEWS WITH REPRESENTATIVES OF 7 NATIONAL AGENCIES DEALING WITH THE HANDICAPPED.

Interviews were conducted with representatives from the following agencies.

- Bureau of Education for the Handicapped - U.S. Office of Education, Washington, D.C.
- Education Resources Information Center - Arlington, Virginia
- Information & Research Utilization Center in Physical Education and Recreation, Unit on Programs for the Handicapped, American Association for Health, Physical Education and Recreation, Washington, D.C.
- National Therapeutic Recreation Society, National Recreation and Parks Association, Arlington, Virginia
- President's Committee on Employment of Handicapped, Washington, D.C.
- Forest Service, U.S. Department of Agriculture, Washington, D.C.
- Rehabilitation Services Administration - Research Utilization Branch of Health, Education, and Welfare

A variety of questions were asked in these interviews, but each person was asked to describe his perception of the needs of the handicapped in the U.S. and, if possible, in Maryland.

5. REVIEW OF PREVIOUS RESEARCH ON THE HANDICAPPED IN HOWARD COUNTY.

There are three recent major sources that provide information and data that concern Howard County's handicapped population. (1) The Report of the Human Services Study Group, Health and Handicapped Task Force, 1972; (2) The Handicapped Child in our Community, The Howard County Commission for Handicapped Children, April, 1972; (3) The Governer's Commission to Study the Needs of the Handicapped, January, 1974. The major findings and recommendations in this research are found in Appendix B .

The study has several limitations. First, its assumptions about the demographic profile of Howard County's handicapped population is based on agency records and interviews rather than census data for Howard County households. Secondly, a more in-depth picture than that possible from interviews with 25 handicapped persons and their families could have been obtained if the resources had been available to enlarge this portion of the study. Thirdly, the study makes no attempt to assess the quality of programs available to handicapped residents.

DEFINITIONS OF HANDICAPS

While all agencies do not define specific handicaps in exactly the same manner, the definitions below represent the general meaning of the handicap subject areas used throughout this report.

1. Handicapped - Those health impairments resulting from disease, injury or congentital malformation representing a decrease in or loss of ability to perform various muscular-skeletal and organ functions. As detailed hereafter they include those mentally, physically, and severely emotionally health impaired. (2 - page 65)

2. Auditory Handicap - Those health impairments pertaining to the act of organs of hearing, to such a degree that special services are needed. Generally it includes disorders of the auditory ossicles due to infection, injury, and developmental defects. (1 - p.155)

3. Blindness - Those visually impaired to such a degree that special services are needed.

4. Deafness - Those auditory impairments that have less than 65 dB loss or less, to such a degree that special services are needed.

5. Mental Retardation - "Subaverage general intellectual development period that is associated with impairment of adaptive behavior" needing special on-going services. (American Association on Mental Deficiency)

   A) Educable - common Intelligent Quotient range of 55 - 80, anticipated to achieve a minimal level of social and occupational levels in the community with adequate rehabilitation services and public school programs.

   B) Trainable - common Intelligent Quotient range of 30 - 55, usually capacity for development of self-help skills, personal, and limited productivity in a sheltered community workshop or adequately supervised environment.

   C) Severely and Profoundly - common Intelligent Quotient range of 0 - 30, usually needing total institutional care.

6. Multiple Handicapped - Those impairments that pertain to the combination of any of the detailed herein mentally, physically, and severely emotional health impaired.

7. Orthopedically Handicapped - Those health impairments dealing with musculoskeletal segments of the body which are of such a degree that special services are needed. Generally these include deformities, paralysis, loss of and ailments of the locomotor apparatus, expecially those affecting limbs, bones, muscles, joints, and facial. (1 - p. 1085; 4 - p. 376; 2 - pp. 62-71)

8. Other Health Impairments - This health impairment category is a conglomerate of a variety of diseases and organ disorders that call for special services. Generally it includes arthritis, rheumatism, cancer, Parkinson's disease, and a variety of respiratory--cardiac disorders.

9. Specific Learning Disabilities - Those impairments that pertain to any specific defect in the ability of an individual to learn one of the basic academic disciplines which is to such a degree that special services are needed. An example is strephosymbolia, which is a general defect in learning to read, write, and calculate mathematics. (1 - p. 848)

10. Speech Handicap - Those health impairments involving spoken communication to such a degree that special services are needed. In general, disorders include articulation, phonation, speech rhythm problems, and delay in speech. The combination of speech and auditory impairments are often called communicative disorders. (3 - p. 376)

11. Visual Handicaps - Those impairments pertaining to the act of seeing which are to such a degree that special services are needed. Generally they include disorders of the central, peripheral, color and sensitivity adaptation vision categories. (1 - pp. 1660-1661; 2 - p. 6721; 4 - p. 505)

1. Gould Medical Dictionary. Arthur Osol, PhD., Chairperson of Editorial Board, Blakiston Publications, McGraw-Hill Book Co., New York, N.Y., 1972.

2. Selected Impairments. National Center for Health Statistics, U.S. Department of Health, Education and Welfare, Health Services and Mental Health Administration. 1968 and 1971.

3. The Encyclopedia of Education. Lee C. Deighton, Editor-in-chief, MacMillan Company and The Free Press. 1971.

4. Medical Aid Encyclopedia for the Home. Thomas Nelson Inc., Nashville, New York, Camden, N.J. 1972.

5. "What is Mental Retardation", National Association for Retarded Citizens, Arlington, Texas.

6. Maryland State Board of Education.

III. HOWARD COUNTY'S HANDICAPPED POPULATION - AN OVERVIEW

How many persons are handicapped in Howard County, what types of handicaps do they have, and what are their unmet needs? These are questions the answers to which are essential to the well being of handicapped residents of the county in the years ahead. Without answers to these questions it becomes a difficult if not impossible task to allocate public and private resources on a basis other than tradition and in response to the organizational and lobbying skills of particular agencies or groups of handicapped residents.

This chapter provides an overview of Howard County's handicapped population.

1. 4.3% OF HOWARD COUNTY'S POPULATION IS HANDICAPPED.

A handicapped person is defined herein as any individual who is unable to compete in any major activity and/or is limited in some activities due to chronic health impairments. Using this definition, 4.3% or approximately 4300 residents of the county at this time are handicapped.* This data was obtained by analyzing the enrollment and waiting lists data for every agency in Howard and other Maryland counties providing services to handicapped residents of this county.

* It is important to note that the figure 4.3% handicapped residents in Howard County does not include those individuals who have health impairments but are not limited in their activities. Handicapped residents of the County will, if this percentage remains constant, number 5300 in 1976, 6900 in 1980, and 8600 in 1985.

40% of the county's handicapped population lives in Columbia. By 1985, 3,700 of Columbia's residents will be affected by some type of handicap.

2. OTHER HEALTH IMPAIRMENTS, SPECIAL LEARNING DISABILITIES, SPEECH IMPAIRMENTS, AND ORTHOPEDIC IMPAIRMENTS ARE THE MOST COMMON HANDICAPS IN HOWARD COUNTY.

As the Table below indicates, 32% of the handicapped population have other health impairments. Approximately 19% have speech impairments, 18% have special learning disabilites, 11% are mentally retarded, and 10% have orthopedic impairments. This means that with a total county population of 100,000 approximately 4300 residents have handicaps that limit their activities. Of these, approximately 800 have speech impairments, 774 have learning disabilities, over 400 are mentally retarded, and 400 have orthopedic impairments. This data is useful for planning purposes in providing a broad overview of the size of the handicapped population by particular category. However, it must be emphasized that the needs of the handicapped population are frequently very specialized. It is obvious that the needs of the mentally retarded should be continuously assessed. It is less obvious that this also needs to be done for many families with autistic children. In short, planning for services for the handicapped must be sufficiently comprehensive to take into account those categories of handicapped persons that represent very small numbers in relationship to the total handicapped population.

3. 54% OF THE HANDICAPPED POPULATION ARE SCHOOL AGE CHILDREN, 40% ADULTS AND 5% PRESCHOOLERS.

54% of Howard County's handicapped population are of school age. Of these learning disabilities (32%) and speech impairments (32%) are the

most common handicaps. For adults, other health impairments and orthopedic impairments is the single most common handicap while for pre-schoolers speech impairment is the handicap found most frequently.

It is useful to compare this date for Howard County with that of the United States as a whole. 5.4% of the U.S. population is handicapped so overall Howard County's handicapped population is 1% less than the U.S. as a whole. For school age categories the Howard County handicapped population parallels that of the U.S. as a whole. In certain categories such as learning disabilities, and speech impairments, Howard County's handicapped population is greater than the national average.

KNOWN HANDICAP POPULATION IN HOWARD COUNTY
BY TYPE OF HANDICAP & BY AGE GROUPING*

Age Group	Subject Category	N	Auditorial Impairments	Severe Emotional	Blindness	Deafness	Learning Disabilities	Mentally Retarded - All Types	Mentally Retarded (Educable)	Mentally Retarded (Trainable)	Mentally Retarded (Severe & Profound)	Multiple Handicapped	Orthopedic Impairments	Other Health
Preschool (0 - 5)	Howard County Population	100,000	0.02	0.01	-	0.0002	-	(0.03)	0.01		0.02	-	0.03	0.0
	Howard County Handicapped Population	4,300	0.48	0.30	-	0.05	-	(0.86)	0.25	0.10	0.51	-	0.74	1.2
School Age (6 - 18)	Howard County Population	100,000	0.09	0.02	0.00001	0.007	0.76	(0.26)	0.19	0.04	0.03	0.002	0.06	0.3
	Howard County Handicapped Population	4,300	2.19	0.53	0.02	0.17	17.68	(6.10)	4.57	0.89	0.63	0.05	1.50	7.7
Adult (Over 18)	Howard County Population	100,000	0.10	0.05	0.001	0.00001	-	(0.19)	0.11	0.04	0.04	0.0001	0.33	1.0
	Howard County Handicapped Population	4,300	2.40	1.04	0.15	0.02	-	(4.42)	2.65	0.94	0.81	0.03	7.64	23.
All Age Groups	Howard County Population	100,000	0.22	0.08	0.00101	0.001	0.76	(0.49)	0.32	0.08	0.09	0.003	0.38	1.3
	Howard County Handicapped Population	4,300	5.08	1.87	0.17	0.25	17.68	(11.39)	7.48	1.94	1.96	0.05	9.89	32.

* Totals will vary due to rounding.

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KNOWN HANDICAP POPULATION IN HOWARD COUNTY
BY TYPE OF HANDICAP & BY AGE GROUPING*

Impairments	Severe Emotional	Blindness	Deafness	Learning Disabilities	Mentally Retarded - All Types	Mentally Retarded (Educable)	Mentally Retarded (Trainable)	Mentally Retarded (Severe & Profound)	Multiple Handicapped	Orthopedic Impairments	Other Health Impairments	Speech Impairments (excluding deafness)	Visual Impairments (excluding blindness)	All Types of Handicaps
	0.01	-	0.0002	-	(0.03)	0.01		0.02	-	0.03	0.06	0.06	0.0007	0.23
	0.30	-	0.05	-	(0.86)	0.25	0.10	0.51	-	0.74	1.27	1.43	0.17	5.25
	0.02	0.00001	0.007	0.76	(0.26)	0.19	0.04	0.03	0.002	0.06	0.33	0.74	0.04	2.35
	0.53	0.02	0.17	17.68	(6.10)	4.57	0.89	0.63	0.05	1.50	7.79	17.09	1.04	54.23
	0.05	0.001	0.00001	-	(0.19)	0.11	0.04	0.04	0.0001	0.33	1.00	0.003	0.07	1.75
	1.04	0.15	0.02	-	(4.42)	2.65	0.94	0.81	0.03	7.64	23.02	0.07	1.61	40.42
	0.08	0.00101	0.001	0.76	(0.49)	0.32	0.08	0.09	0.003	0.38	1.39	0.80	0.12	4.34
	1.87	0.17	0.25	17.68	(11.39)	7.48	1.94	1.96	0.05	9.89	32.09	18.00	2.83	100

HOWARD COUNTY'S HANDICAPPED POPULATION

FREQUENCY OF KNOWN HANDICAPS WITHIN EACH AGE GROUP*

Profile Rank	Preschoolers % (N-209)	School Age % (N-2122)	Adult % (N-1582)	Overall Handicap Popu
1.	Speech Impairments (excluding deafness) 26.79%	Learning Disabilities 32.26%	Other Health Impairments 56.95%	Other Health Impairme
2.	Other Health Impairments 23.97%	Speech Impairments (excluding deafness) 31.52%	Orthopedic Impairments 18.90%	Speech Impairments
3.	Mentally Retarded 16.26% Educable (4.78%) Trainable (1.91%) Severe/Profound (9.56%)	Other Health Impairments 14.37%	Mentally Retarded 10.93% Educable (6.57%) Trainable (2.33%) Severe/Profound (2.02%)	Learning Disabilities
4.	Orthopedic Handicap 13.87%	Mentally Retarded 11.26% Educable (8.43%) Trainable (1.64%) Severe/Profound (1.17%)	Auditorial Impairments 5.94%	Mentally Retarded Educable Trainable Severe/Profound
5.	Auditorial Impairments 9.09%	Auditorial Impairments 4.05%	Visual Impairments 3.89%	Orthopedic Impairment
6.	Severely Emotion 5.74%	Orthopedic Impairments 2.78%	Severe Emotional 2.89	Auditorial Impairment
7.	Visual Impairments 3.34%	Visual Impairments 1.93%	Blindness 0.37%	Visual Impairments
8.	Deafness 0.95%	Severe Emotion 0.98%	Speech Impairments (excluding deafness) 0.18%	Severe Emotional
9.		Deafness 0.32%	Deafness 0.06%	Deafness
10.		Multiple Handicapped 0.09%	Multiple Handicapped 0.06%	Blindness
11.		Blindness 0.04%		Severely Multiple Handicapped

* Totals will vary due to rounding.

HOWARD COUNTY'S HANDICAPPED POPULATION

FREQUENCY OF KNOWN HANDICAPS WITHIN EACH AGE GROUP*

209)	School Age % (N-2122)		Adult % (N-1582)		Overall Handicap Population % (N-3913)		
						% of Pop.	N
26.79%	Learning Disabilities	32.26%	Other Health Impairments	56.95%	Other Health Impairments	32.09%	1256
ts 23.97%	Speech Impairments (excluding deafness)	31.52%	Orthopedic Impairments	18.90%	Speech Impairments	18.60%	728
16.26% (4.78%) (1.91%) (9.56%)	Other Health Impairments	14.37%	Mentally Retarded Educable Trainable Severe/Profound	10.93% (6.57%) (2.33%) (2.02%)	Learning Disabilities	17.68%	692
13.61%	Mentally Retarded Educable Trainable Severe/Profound	11.26% (8.43%) (1.64%) (1.17%)	Auditorial Impairments	5.94%	Mentally Retarded Educable Trainable Severe/Profound	11.39% (7.48%) (1.94%) (1.96%)	446 (393) (76) (77)
9.09%	Auditorial Impairments	4.05%	Visual Impairments	3.89%	Orthopedic Impairments	9.89%	387
5.74%	Orthopedic Impairments	2.78%	Severe Emotional	2.89	Auditorial Impairments	5.08%	199
3.34%	Visual Impairments	1.93%	Blindness	0.37%	Visual Impairments	2.83	111
0.95%	Severe Emotion	0.98%	Speech Impairments (excluding deafness)	0.18%	Severe Emotional	1.89%	74
	Deafness	0.32%	Deafness	0.06%	Deafness	0.25%	10
	Multiple Handicapped	0.09%	Multiple Handicapped	0.06%	Blindness	0.17%	7
	Blindness	0.04%			Severely Multiple Handicapped	0.07%	3

nding.

KNOWN HOWARD COUNTY HANDICAP POPULATION COMPARED TO
U.S. EXPECTED HANDICAP POPULATION
Table No.
(in % of total population)

Type of Handicap	Howard County	United States	
Auditorial Impairments	0.22	0.28 limit	(a)
Autism	0.08		
Blindness	0.001	0.05	(c)
Deafness	0.001	0.009	(c)
Learning Disabilities	0.76	0.30	(d)
Mentally Retarded - All Types	0.49	(3% All Types) 1.4% Needing Serv.	(b)
" " (Educable)	(0.32)	(2.67 All Educable) 1.07 Needing Serv.	(b)
" " (Trainable)	(0.08)	0.18	(b)
" " (Severe & Profound)	(0.09)	0.15	(b)
Multiple Handicapped	0.003		(c)
Orthopedic Impairments	0.38	1.49 limit	(a)
Other Health Impairments	1.39	.50 - 1.75	(f)
Speech Impairments (excluding deafness)	0.30	0.09 limit	(a)
Visual Impairments (excluding blindness)	0.12	0.58 limit	(a)
All Types of Handicaps	4.34	5.399	(g)

(a) U.S. Department of Health, Education, and Welfare. Prevalence of Selected Impairments, United States, 1971 (Unpublished data). Attained from the Health Interview Survey, National Center for Health Statistics.

(b) Nick Clark. A Two-Level Statistical Study of Mental Retardation in Howard County and private interview on December 4, 1974, covering those mentally retarded statistics. October 2, 1974, Howard County Association for Retarded Citizens, Inc.

(c) Estimated statistics on Blindness and Vision, National Society for the Prevention of Blindess, Inc., New York, New York, 1966.

(d) Estimated statistics derived by the number of learning disabled for 5-19 youth in 1969 from the U.S. Department of Health Education, and Welfare. Handicapped Children in the U.S. and Special Education Personnel Required - 1968-1969 (est.), Bureau of Education for the Handicapped, August 1970; and calculated for the % of the entire U.S. population; attained from "United States Population Distribution by Age, Selected Years: 1900-1980", and "United States Population by Age; 1960, 1970, and 1980", attained from the U.S. Department of Commerce, Bureau of the Census.

Note: The impairment denoted as Learning Disabilities is used only in the school age grouping in all previous types of research and information; therefore, while this % is not represented by the entire population, the estimated figure shows a comparison of the % of school age Learning Disabled of the entire Howard County population as compared to the % of school age population who have Learning Disabilities of the entire U.S. population.

(e) Estimated statistics calculated by combining conditions per 1,000 persons, by age and selected characteristics, U.S. 1971 for "Prevalence of impairments, except paralysis and the back or spine; Prevalence or absence of major extremities, and Prevalence of paralysis, complete or partial", as detailed in U.S. Department of Health, Education, and Welfare. Prevalence of Selected Impairments, United States, 1971 (Unpublished Data). Attained from the Health Interview Survey, National Center for Health Statistics.

(f) Estimated statistics based on telephone interviews with representatives from the American Heart Association (cardiac disorders), National Association for Mental Mealth (social disorders, National Center for Health Statistics, National Foundation for Ileitus and Colitis, Bureau of Education for the Handicapped, Muscular Dystrophy Association of America, and Arihrit's Rehabilitation Center.

(g) Estimated statistics derived from combining the above (a) - (f) national statistical estimates.

KNOWN HOWARD COUNTY SCHOOL AGE HANDICAP POPULATION COMPARED TO

U.S. EXPECTED SCHOOL AGE HANDICAP POPULATION

Table No.

(in % of school age population)

Type of Handicap	Howard County		United States	
Auditorial Impairments	0.38		0.575	(b)
Autism				
Blindness			0.05	(d)
Deafness	0.03		0.009	(d)
Learning Disabilities	3.11		1.00	(b)
Mentally Retarded - All Types	1.06		2.3	(b)
" " (Educable)	0.80			
" " (Trainable)	0.15			
" " (Severe & Profound)	0.11			
Multiple Handicapped			0.06	(b)
Orthopedic Impairments	0.26		0.50	(b)
Other Health Impairments	1.37		1.00	(c)
Speech Impairments (excluding deafness	3.01		3.50	(b)
Visual Impairments (excluding blindness	0.18		0.10	(b)
All Types of Handicaps	9.4		9.1	

(a) Data provided in mid-April from the Special Education Department of Howard County's Board of Education. % was calculated from the "Howard County Public Schools Enrollment Report", April, 1974.

(b) Estimated for age 5-19 youth in 1969. U.S. Department of Health, Education and Welfare, Handicapped Children in the U.S. and Special Education Required: 1968-1969 (est.), Bureau of Education for the Handicapped, August 1970.

(c) R.P. Mackie, H. Williams, and P.P. Hunter, Statistics of Special Education for Exceptional Children and Youth, 1957-1958, USOE Bulletin No. OE-35048-58, 1963, as reported in R.A. Rossmiller, J.A. Hole, and L.E. Frohreich, Educational Programs for Exceptional Children: Resource Configurations and Costs, National Education Finance Project, Special Study No. 2, Department of Educational Administration, University of Wisconsin, Madison, Wisconsin, August, 1970.

(d) Estimated statistics on Blindness and Vision Problems, National Society for the Prevention of Blindness, Inc., New York, New York, 1966.

FINDINGS AND CONCLUSIONS

THE NEEDS OF HOWARD COUNTY'S HANDICAPPED POPULATION

An objective of this study was to identify the perceived needs of the handicapped. It was evident that this could be best accomplished by determining the perceived needs through the eyes of:

- Handicapped persons and their families
- Staff of Howard County agencies providing services to handicapped persons
- Federal agencies responsible for services to handicapped persons

By identifying perceived needs by their source, a truer picture of the needs of the handicapped in the county would be obtained. This approach limits the potential parochaialism of both the provider and recipient of services. Interviews ranging from 30 minutes to four hours were conducted with 30 professionals in 25 local agencies serving handicapped persons, 25 handicapped citizens, and personnel from seven national agencies.

The table below shows the results of this analysis. The two most frequently perceived needs on the part of all three sources - i.e. handicapped citizens, local agencies, and national agencies - was more information on existing programs and the elimination of architectural barriers. Howard County agency staff and handicapped persons cited better transportation as an even greater problem than agency staff. Handicapped persons and their families were also particularly concerned that Columbia Association facilities be made more accessible to handicapped residents. Families of mentally retarded children cited local residential group homes as their major need.

COMMUNITY PERCEPTIONS OF THE NEEDS OF THE HANDICAPPED

In Priority by Frequency of Responses

Order of Priorities	Handicapped Citizens And/Or Parents of Handicapped N = 23	(% of N)	Agencies Servicing Handicapped Howard Countians N = 25	(% of N)	National Agencies N = 7	(% of N)	Total Comm Outlook N =56
I.	Information on Existing Programs	(78)	Information on Existing Programs	(58)	Architectural Barriers	(86)	Information on Programs
II. 1.	Architectural Barriers	(57)	Architectural Barriers	(47)	Information	(71)	Architectural B
2.	Transportation						
III. 1.	Open Up CA Facilities/Programs	(52)	Employment Opportunities	(37)	Education	(43)	Transportation
2.					Employment		
3.					Myths - Public Awareness		
4.					Transportation		
5.							
IV. 1.	Counseling Services	(48)	Transportation	(31)	Rehabilitation	(29)	Employment
2.	Residential Housing		Myths - Public Awareness		Recreation - Adult, Youth Special Events		
3.					Volunteers		
V. 1.	Integration - Normalization Concept	(43)	Funding	(21)	Coordination	(14)	Counseling
2.	Recreation - Adult, Youth, Special Events		Residential Housing		In-Service Training		Integration - N Concept
3.			Volunteers				Myths - Public
VI. 1.	Volunteers Needed	(35)	Counseling Services	(16)			Recreation - Sp
2.			Facility Space				
3.							
4.							
5.							
VII. 1.	Employment Opportunities	(30)	Co-ordination	(11)			Open up CA Faci
2.	Myths - Public Awareness		Educational Course				Residential Hou
3.	Respite Care		In-Service Training				Recreation - Ac
4.			Open up CA Facilities/Services				Volunteers
5.			Recreation - Adults				
6.							
7.							
VIII. 1.	Agency Co-ordinator	(17)	Big Brother	(5)			Respite Care
2.	Facility Space		Interpretive				
3.	Religious Instruction		Legislative Advocacy				
4.	Diagnostic Servides		Respite Care				
5.	Scagsville Recreation Path		Tree for Shade				
6.	School Programs						
IX.							Agency Co-ordin Facility Space
X.							Educator Diagnostic Serv In-Service Trai Funding & Legis Advocacy Tree for Shade

COMMUNITY PERCEPTIONS OF THE NEEDS OF THE HANDICAPPED

In Priority by Frequency of Responses

Citizens And/Or Handicapped N = 23	(% of N)	Agencies Servicing Handicapped Howard Countians N = 25	(% of N)	National Agencies N = 7	(% of N)	Total Community Outlook N =56	(% of N)
n Existing Programs	(78)	Information on Existing Programs	(58)	Architectural Barriers	(86)	Information on Existing Programs	(66)
Barriers n	(57)	Architectural Barriers	(47)	Information	(71)	Architectural Barriers	(55)
cilities/Programs	(52)	Employment Opportunities	(37)	Education Employment Myths - Public Awareness Transportation	(43)	Transportation	(43)
rvices ousing	(48)	Transportation Myths - Public Awareness	(31)	Rehabilitation Recreation - Adult, Youth Special Events Volunteers	(29)	Employment	(33)
Normalization Concept Adult, Youth, Special	(43)	Funding Residential Housing Volunteers	(21)	Coordination In-Service Training	(14)	Counseling Integration - Normalization Concept Myths - Public Awareness	(31)
ded	(35)	Counseling Services Facility Space	(16)			Recreation - Special Events	(30)
ortunities Awareness	(30)	Co-ordination Educational Course In-Service Training Open up CA Facilities/Services Recreation - Adults	(11)			Open up CA Facilities Residential Housing Recreation - Adult, Youth Volunteers	(27)
nator truction vides reation Path s	(17)	Big Brother Interpretive Legislative Advocacy Respite Care Tree for Shade	(5)			Respite Care	(16)
						Agency Co-ordinator Facility Space	(14)
						Educator Diagnostic Service In-Service Training Funding & Legislative Advocacy Tree for Shade	(12)

1. THE AVAILABILITY AND DISSEMINATION OF INFORMATION ABOUT SERVICES FOR HOWARD COUNTY HANDICAPPED RESIDENTS IS INADEQUATE.

Handicapped persons and their families have cited the lack of information as their greatest need. Time after time during the course of this study, agency staff, private physicians, and handicapped persons expressed surprise when told that a particular service which they viewed as a need was already available. Additionally, each of the previous research efforts dealing with the handicapped identified information as a major need.* For example, while the Directory of Community Services of Howard County lists agencies providing services to the handicapped, it does not include information about 13 agencies in Howard County and nearby counties that are available to residents.** The Columbia Directory (Columbia telephone book) is an excellent source of information, but i also does not provide a comprehensive list of services for the handicapped. The Howard County Information and Referral Office is able to respond to calls requesting information about handicapped programs, but many residents are not familiar with the service. Because of limitations on staff time, its files are updated irregularly and may be neither current nor comprehensive.

It is not simply a problem that information regarding services for the handicapped is not available. Rather it is also a problem to provide complete and current data. A method for accomplishing this is suggested in the recommendations section of this report. In summary, (1) the supply of information about handicapped services is not sufficient; (2) the information that is available appears to be inadequately distributed; and (3) no central clearinghouse of information exists in the county that can be relied on to update information about services available.

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* See Appendix B

** This Directory has been updated since this study was undertaken.

2. ALL CA FACILITIES, TO SOME DEGREE, IMPEDE OR PROHIBIT HANDICAPPED PERSONS FROM OBTAINING ACCESS TO IT AS A RESULT OF ARCHITECTURAL BARRIERS.

Federal agencies report that architectural barriers are the number one problem facing handicapped citizens of this county. Howard County agencies and handicapped persons consider this to be second in importance only to the lack of adequate information about services for the handicapped. In carrying out this study every CA owned facility in Columbia was visited and evaluated from the standpoint of its accessibility for handicapped persons. All CA facilities, to some degree, have barriers which impede or totally exclude the orthopedically handicapped. In general terms, the major architectural barriers are:

- Curbs or steps in paths of wheelchairs
- Doors too narrow to allow access by wheelchairs
- Toilet stalls too small and inadequately equipped with hand rails to allow individuals in wheelchairs, some aged people, and orthopedically handicapped individuals to use
- Equipment (telephone, paper dispensers, fire extinguishers) not usable by persons in wheelchairs.

The barriers for particular CA facilities, the estimated cost of renovating, and the priority for accomplishing these renovations is addressed in the recommendations chapter of this report. The chart below shows the number of handicapped persons in Columbia and Howard County as a whole between 1975 and 1985 whose activities are affected by facility design which does not take into account their needs. Overall, 1.8% of the total population can be impeded or excluded from activities because of the existence of architectural barriers.

HOWARD COUNTY POPULATION AFFECTED BY ARCHITECTURAL BARRIERS

TYPE OF HANDICAP*	% OF TOTAL POPULATION
Orthopedically Handicapped	0.38
Other Health Impairments	1.39
Multiple Handicapped	0.003
Blind	0.001
TOTALS	1.774

* Some experts in the field also consider those auditorially impaired affected if facility phones do not contain volume adjustments. 22% of Howard County's population have a hearing impairment.

Year	County Population*	No. of Columbia Residents Limited by Architectural Barriers**	Total No. of Howard County Residents Limited by Architectural Barriers
1975	112,900	799	1,998
1976	122,500	867	2,168
1977	132,300	936	2,341
1978	141,600	1,002	2,506
1979	150,800	1,067	2,669
1980	159,900	1,132	2,830
1981	168,700	1,194	2,986
1982	177,100	1,254	3,135
1983	185,100	1,311	3,277
1984	192,500	1,362	3,407
1985	199,200	1,410	3,526

* Source: Howard County Office of Comprehensive Planning

** 1.77% of the total county population is affected and 40% of these are estimated to be Columbia residents.

3. INCREASED EMPLOYMENT OPPORTUNITIES COVERING JOB CONTRACTS, VOCATIONAL TRAINING PROGRAMS AND POSITIVE PERSONNEL POLICIES ARE NEEDED FOR HANDICAPPED PERSONS.

Agencies specifically responsible for adults with handicaps indicate that employment opportunities, in their view, is the primary need of handicapped residents. Both the Howard County Sheltered Workshop and the Howard County Association for Retarded Children's Activity Center provide employment to handicapped persons under contract with public and private organizations. These agencies perform a variety of tasks including mail-related tasks (e.g. collating, stuffing, folding); assembly work (e.g. electrical, packaging, spray painting) to performing a company's inventory. The degree to which these agencies can employ handicapped persons is dependent upon the number and scope of performance contracts they receive. Further, in order to provide work training expenses, the cooperation of other public and private employers is required.

4. SUPPORTIVE MENTAL HEALTH SERVICES ORIENTED TO THE NEEDS OF HANDICAPPED PERSONS AND THEIR FAMILIES ARE RARELY PROVIDED IN HOWARD COUNTY.

Of the 25 agencies providing services to the handicapped, only the United Cerebral Palsy of Central Maryland and the pre-school program for Maryland School for the Deaf have organized ongoing supportive mental health programs. Quite obviously the potential mental health issues related to being handicapped are substantial for the handicapped persons as well as his or her family. Intense depression, shock, resentment, frustration, guilt, and sibling jealousy are common emotions related to a handicapped situation. These feelings can substantially increase the difficulty of a handicapped person and their family leading a productive and "normal" life. An indication of the demand for such programs was evidenced in a one time workshop sponsored by the Family Life Center and Howard Community College.

In September 1973, a workshop was held for those who have been affected by a sudden loss or handicap (e.g. death, masectomy, blindness). With little advance publicity, 50 countians participated and concluded that counseling by persons with similar handicaps can help alleviate emotional disability resulting from a handicapped circumstance. Nearly one half of the handicapped citizens and their parents cited supportive counselling as a permanent need.

5. THE LACK OF ADEQUATE TRANSPORTATION IS A MAJOR PROBLEM FOR THE HANDICAPPED IN HOWARD COUNTY.

The lack of a transportation system in Howard County is a particular burden for handicapped persons. Additionally, the bus systems in use (CA, Eyre's, Greyhound) have barriers that impede their use by handicapped persons and they do not have mechanical lifts. While most agencies that serve the handicapped provide transportation to their programs, the lack of adequate public transportation increases the difficulty of handicapped persons participating in those activities which are available to the public at large and which they might enjoy "on their own" without being dependent upon private transportation.

6. IN GENERAL, THE HANDICAPPED POPULATION OF HOWARD COUNTY IS NOT WELL ORGANIZED.

With the exception of the mentally retarded and a few school P.T.A.'s, handicapped groups in the county are not well organized to represent their views before county agencies and county government. This has the effect of limiting the ability of handicapped groups to make their views adequately known. Neither CA nor the county government, for example, have an advisory board through which handicapped citizens can present their opinions.

7. ORGANIZED RECREATION ACTIVITIES FOR HANDICAPPED PERSONS REACH LESS THAN 10% OF THE HANDICAPPED POPULATION.

As the table below indicates, recreation services for Howard County's handicapped population reached less than 10% of the handicapped population in the past year. Overall, few programs have been provided for handicapped pre-schoolers and adults. Specific handicapped groups including the blind, persons with special learning disabilities, and those orthopedically impaired also have received scant attention as far as recreation services are concerned from public and private county recreation organizations. The problem has not been lack of coordination between groups providing such services; rather it has been a lack of recognition of the great gap between the needs of the handicapped and the public and private resources made available. A wide range of recreation programs could be organized at minimal cost that would contribute greatly to meeting this need.

8. THERAPEUTIC SERVICES FOR PRE-SCHOOLERS WITH COMMUNICATIVE DISORDERS AND SERVICES FOR HIGH SCHOOL STUDENTS WITH SPEECH DEFECTS ARE AMONG THE GAPS IN SERVICES FOR HOWARD COUNTY'S HANDICAPPED POPULATION.

Programs to treat pre-schoolers with hearing, speech and communicative disorders are not presently available in Howard County. The only public agency in the area that provides this service is the Gateway Pre-School located in Baltimore which is administered by the Hearing and Speech Agency of Metropolitan Baltimore. At present, three Howard County residents are enrolled in Gateway. Eight others are on the waiting list and Gateway does not anticipate that it can expand its program.

In addition to the lack of speech therapy programs for pre-schoolers, there are no programs for educable mentally retarded in this age group. These children attend programs outside Howard County and the programs are enrolled at capacity. Since the county's pre-school population will increase

HOWARD COUNTY RECREATION PROGRAMS FOR THE HANDICAPPED - 1974

PROGRAM*	AGE GROUP	SPONSOR	NO. OF PARTI
1. "Special Olympics" (Weekend of Athletic Competition)	School Age	Howard County Association for Retarded Citizens, Jaycees, CA	1
2. Crafts Night (Friday Night of Arts and Crafts)	All Ages	Howard County Association for Retarded Citizens	
3. Summer Recreation for the Handicapped (summer recreation program)	School Age	Howard County Association for Retarded Citizens, Howard County Recreation Department	
4. Physical Development Clinic (School year & summer program to increase physical capabilities)	School Age	Howard County Board of Education Special Education Department	1
5. After School Recreation Program for Youth with Special Needs (2 days/week)	All Ages	Howard County Association for Retarded Citizens, CA	
6. Equestrian Recreation Therapy	All Ages	Columbia Association	
7. CASE Swimming (group)	All Ages	Columbia Jaycees, CA	

* 8 Howard Countians attend the Maryland School for the Deaf (Frederick Campus) or the Maryl for the Blind (Baltimore) which provide comprehensive physical education programs.

ARD COUNTY RECREATION PROGRAMS FOR THE HANDICAPPED - 1974

	AGE GROUP	SPONSOR	NO. OF PARTICIPANTS
kend	School Age	Howard County Association for Retarded Citizens, Jaycees, CA	103
ght of	All Ages	Howard County Association for Retarded Citizens	10
he	School Age	Howard County Association for Retarded Citizens, Howard County Recreation Department	32
inic rogram	School Age	Howard County Board of Education Special Education Department	123
eek)	All Ages	Howard County Association for Retarded Citizens, CA	10
herapy	All Ages	Columbia Association	43
	All Ages	Columbia Jaycees, CA	30

nd the Maryland School for the Deaf (Frederick Campus) or the Maryland School e) which provide comprehensive physical education programs.

in the years ahead, Howard County public or private agencies should consider developing a program for educable mentally retarded preschoolers.

It is difficult to determine very precisely whether the needs of school age handicapped children are being met.* While each school principal has responsibility for identifying children with special needs, a mechanism has not been instituted to insure that there is an accurate count of handicapped children in the school system who need special assistance. While enrollment information on special programs does exist, the availability and accuracy of waiting list data varies from school to school. This represents a problem in projecting the level of services truly required.

An apparent gap in the Department of Education's services is the absence of a speech therapy program at the high school level. While 3% of school age youth have speech impairments, the Department of Education's speech therapy services do not extend beyond middle school.

Finally, in identifying the gaps in services for school age children with handicaps, it must be emphasized that this study does not assess the quality of services available. It does not analyze, for example, the effectiveness of programs for the mentally retarded which meet state standards. Some interviewees felt these services could be improved.

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* In viewing Department of Education services for the handicapped, recognition should be given to the substantial accomplishments of the Special Education Department which has developed a comprehensive program in a very short time frame.

9. IN GENERAL, THE QUALITY OF SERVICES FOR THE HANDICAPPED ARE NOT REGULARLY EVALUATED.

This study focused primarily on the scope of programs available as its intention was to identify gaps in services. It did not address the issue of quality of the services provided. This represents a major need. Most agencies don't have an external evaluation of their services and many have not set up internal evaluation mechanisms. The Special Education Department at the Board of Education is an exception to this general rule however.

10. GROUP RESIDENTIAL HOUSING FOR HANDICAPPED PERSONS IS VIEWED AS A MAJOR NEED IN HOWARD COUNTY.

Nearly half of the handicapped citizens interviewed, or their families, cited group residential housing as a major need. All of those agency personnel and families with mentally retarded children or adults viewed the availability of residential housing as the most important need for the mentally retarded.

11. FEW RESIDENTIAL UNITS IN COLUMBIA ARE SUITABLE FOR THE PHYSICALLY HANDICAPPED.

Virtually no residential units in Columbia have been planned specifically for occupancy by persons with physical handicaps. Four Capistrano Villa units have been pre-planned, and a handful of apartments renovated to accomodate physically handicapped persons. This situation makes it more difficult for handicapped persons to reside in Howard County.

V. RECOMMENDATIONS

1. A CITIZENS COMMITTEE FOR THE HANDICAPPED SHOULD BE ESTABLISHED.

The Howard County Executive should appoint a Citizens Committee for the Handicapped. This committee would be composed of lay persons, handicapped citizens and professionals involved in the delivery of services to handicapped residents. The committee would have four primary responsibilities.

- Advising the County Executive as to progress made in implementing the recommendations of the Howard County Commission for Handicapped Children and the recommendation of other studies that will enrich the lives of the County's handicapped citizens.
- Annually review the availability of public information on services for the handicapped to insure that it is adequate and determine whether handicapped persons are aware of the services available to them.
- Monitor the effectiveness of County supported agencies in planning and delivering services to the handicapped.
- Determine whether public dollars spent for handicapped persons is being allocated on an equitable basis.

It is understandable that many of the well founded recommendations of the 1972 County Commission for Handicapped Children have not been implemented. Some addressed problems such as transportation, the resolution, of which will only come about gradually. Others such as the removal of architectural barriers from public buildings are costly and only achievable in phases. On the other hand it is evident that handicapped residents would benefit greatly if a public body were established with the sole purpose of representing their needs and providing analysis and recommendations to the

county's planning and budgeting processes. If, in fact, such a commission had been in existance, public buildings would be better planned for the handicapped, the county's and CA's departments would be more responsive to the needs of handicapped citizens, and more handicapped residents would come forward to participate in decisions that affect their lives.

2. HOWARD COUNTY GOVERNMENT, THE COLUMBIA ASSOCIATION, AND PUBLIC AND PRIVATE BUILDERS SHOULD COMPLY WITH STATE REGULATIONS GOVERNING CONSTRUCTION OF FACILITIES FOR THE HANDICAPPED.

Standards are suggested for public facilities in Appendix C. These standards were drawn from a variety of sources including local handicapped individuals and,

A. American National Standard Specifications For Making Buildings and Facilities Accessible to and Usable by the Physically Handicapped. American National Standards Institute, Inc. 1430 Broadway, New York, New York 10018 - October 31, 1961.

B. Making Colleges and Universities Accessible to Handicapped Students. State University Construction Fund, 194 Washington Avenue, Albany, New York 12210.

C. Regulations Governing Construction of Facilities for the Handicapped. Senate Bill 404, New Section 51 to Article 78A of Associated Code of Maryland, July 1, 1968.

In Appendix C design characteristics for both outdoor and indoor public facilities are identified that would enhance the ability of handicapped citizens to use these facilities. Some are more important than others and some are extremely costly. On the other hand, many of these design characteristics can be incorporated in the construction of new facilities without significant increases in cost. Additionally, in many instances, renovation of existing facilities can be made that are not costly but that will result in better facility access for handicapped residents.

3. THE HOWARD COUNTY HUMAN RELATIONS COMMISSION SHOULD BE EMPOWERED TO INVESTIGATE CHARGES OF DISCRIMINATION AGAINST HANDICAPPED CITIZENS.

The Howard County Human Relations Commission presently has authority only to investigate charges of discrimination as a result of race religion, sex, national origin, and age. This authority should be expanded to cover handicapped persons as well.

Employer education regarding the capability of handicapped persons is worthwhile. However, job discrimination against handicapped persons does occur. In fact, it is a concern voiced by some handicapped residents and professionals who participated in this study. Handicapped citizens should know that they have recourse to a public body if they are discriminated against. The County Council should approve legislation expanding the responsibilities of the Human Relations Commission.

4. ALL FUTURE SIDEWALK CONSTRUCTION IN HOWARD COUNTY SHOULD PROVIDE CURB RAMPS FOR THE HANDICAPPED.

As of July 1, 1976, according to Section 228, paragraph 43 of Federal Highway Regulations of the United States Code, all communities are required to "provide adequate and reasonable access for the safe and convenient movement of physically handicapped persons, including those in wheelchairs across curbs constructed or replaced on or after July 1, 1976, and at pedestrian crosswalks throughout the state. Rather than wait until that law becomes effective in July 1976, Howard County should respond to the intent of this legislation immediately.

5. THE COLUMBIA ASSOCIATION AND HOWARD COUNTY SHOULD IMPLEMENT A PROGRAM WHICH REDUCES THE ARCHITECTURAL BARRIERS FOR HANDICAPPED RESIDENTS AT ITS FACILITIES.

The table at the end of this chapter shows a three phase development program for eliminating architectural barriers at CA facilities; other public facilities throughout the county were not analyzed. However, an analysis similiar to that conducted of CA facilities should be accomplished for these facilities prior to developing the county FY 76-77 budget. While all CA facilities have a variety of barriers, the existence of certain barriers represents a more critical problem for handicapped residents than others. As a result, priorities have been assigned in the following way:

"PHASE I" - includes those barriers that should be eliminated as soon as feasible. Their elimination will provide essential accessibility of ingress and egress to building and major program areas, use of the toilet facilities and safe parking by handicapped residents. The facilities included in Phase I are those that are highly utilized by the total community with respect to participant and social activities, and those facilities that contain equipment that can be used by handicapped persons for rehabilitation. The total cost for accomplishing the renovations in Phase I is $5,475.

"PHASE II" are those barriers that should be corrected. They are not as crucial as those barriers identified in Phase I, but are barriers that should be eliminated and planned for within the next several years. This phase provides basic ingress/egress, toilet utilization, and safe parking by everyone in facilities that are of moderate psycho-social and medical rehabilitative use or moderate need of renovation. The cost for implementing Phase II is $1,325.

"PHASE III" are barriers at neighborhood centers. The cost for accomplishing these renovations is approximately $575 per center.

6. THE HOWARD COUNTY OFFICE OF INFORMATION AND REFERRAL SHOULD UPDATE AND PUBLISH A DIRECTORY OF SERVICES FOR THE HANDICAPPED AND OTHER GROUPS AT LEAST ANNUALLY.

The Office of Information and Referral should assume responsibility for publishing a description of social services available to Howard County residents. Adequate funds must be made available to insure that this update occurs regularly. While the Association of Community Services publishes an excellent directory, it has not come out regularly and the Association has not had the resources to make it as comprehensive as it needs to be*. The advantage of having the Information and Referral Service perform this function is that they update their files throughout the year as they receive information requests.

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* Agencies serving handicapped residents not described in the edition of the Directory of Community Services of Howard County are:

Maryland School For the Blind
Maryland School For the Deaf (Frederick & Columbia)
Howard County Headstart
Delrey Development Center
Gateway Preschool
Happy Hills Hospital (Mount Washington)
Foxleigh Development Center
Rosewood, Henryton & Springfield Centers
Vocational Rehabilitation
John F. Kennedy Institute
Diagnostic and Evaluation Clinic of John Hopkins University
Chesapeake Association for Epilepsy

7. HOWARD COUNTY SHOULD ACTIVELY SEEK FEDERAL AND STATE FUNDS FOR TRANSPORTATION FOR THE HANDICAPPED UNDER PUBLIC LAW (93-89).

The State of Maryland has received Federal funds for capital grants for transportation services to the elderly and handicapped. These funds are available under the Federal Aid Highway Act of 1973 (Public Law 93-87). Localities are required to match Federal funds on a 20% local contribution, 80% Federal contribution basis. Private non-profit corporations are also eligible to receive funds for this program.

Howard County should seek assistance under this program in order to provide a public barrier-free vehicle for handicapped residents of the County. In the short term a "call-a-ride" system for handicapped persons should be implemented. In the long term, when a public transportation system is established in the county, vehicles used in this system should be barrier free.

8. PUBLIC AND PRIVATE ORGANIZATIONS SHOULD CONSIDER NEW RESIDENTIAL LIVING APPROACHES FOR HANDICAPPED PERSONS.

Planning and implementation of programs for residential living for the handicapped population is very much needed in Howard County. There are two aspects of this problem. First, barrier-free construction of private dwelling units for families with handicapped persons. Secondly, the provision of a group home facility for mentally retarded county residents. Virtually no residential dwelling units in Columbia have been built that included handicapped members. Only four units have been renovated so that they are barrier-free and only Capistrano Villa, managed by Keystone Management Corporation, have pre-planned four condominiums to be barrier-free. If handicapped residents are to be encouraged to live in Howard County, builders need to plan in advance a certain percentage of apartments or townhouses which are suitable for handicapped residents.

Nearly one half of one percent of the total Howard County population is mentally retarded. 0.2 % of the total Howard County population represents adults who have some form of mental retardation. Many of these individuals are forced to live in institutions which, in fact, limit their potential. Agencies working with mentally retarded persons have identified a group home as their major need. The group home environment for the institutionalized, yet functionally retarded, provides a more normal "everday life" and enhances personal and peer maturation living closer to one's home and community and being with individuals with similar abilities. It also provides substantial support to families that have mentally retarded individuals. This study did not analyze in detail the specific degree of need for residential group homes because the Howard County Association of Mentally Retarded Citizens is currently conducting an indepth analysis of this particular issue. This study found, however, that a perception of the major need for mentally retarded citizens is some type of group home situation which is not now available in Howard County.

9. A PROGRAM FOR PRE-SCHOOL EDUCABLE MENTALLY RETARDED CHILDREN SHOULD BE ESTABLISHED IN HOWARD COUNTY.

There are currently 10 children of pre-school age who are enrolled in educational programs for mentally retarded children outside of Howard County. All of these programs are operating at or near capacity. Because the pre-school population in Howard County will increase dramatically over the next eight years, there is a definite need to plan now for developing in Howard County a pre-school program for educable mentally retarded. This program could either be undertaken by the Board of Education, the Howard County Health Department, or the Howard County Association for Retarded Citizens.

10. THE HEALTH DEPARTMENT AND THE BOARD OF EDUCATION SHOULD INITIATE A REHABILITATION PROGRAM IN HOWARD COUNTY FOR PRESCHOOL CHILDREN WITH HEARING, SPEECH, AND COMMUNICATIVE HANDICAPS.

This study found a major gap in services for preschoolers who have hearing, speech, and communicative handicaps. These children, unable to use speech and language to communicate or without the ability to hear properly, could possibly overcome their handicaps before they enter public school if they received adequate services. Some of Howard County's children are now served by the Gateway Preschool in Baltimore. Moreover, the Health Department and Gateway has instituted a diagnostic program in Howard County. However, there is a need to begin a rehabilitation program here in the county since space in nearby counties is not available. Federal funding is available for these programs through the Department of Health Education and Welfare's section of the Handicapped responsibilities. (Title II, PL 91-230; 20 USC 1401-1461).

11. THE COUNTY MENTAL HEALTH DEPARTMENT AND RELATED AGENCIES SHOULD SPONSOR MENTAL HEALTH PROGRAMS ORIENTED TO THE NEEDS OF HANDICAPPED RESIDENTS AND THEIR FAMILIES.

Greater availability in the county of supportive mental health services for handicapped persons and their families is needed. The County Health Department should include funds in its budget so that it can help assist other agencies and itself provide supportive mental health services for handicapped residents. In this connection, programs to train mental health professionals and friends and relations of handicapped persons should be developed. Appendix E contains an outline for a supportive mental health training program.

12. THE COUNTY EXECUTIVE SHOULD ENCOURAGE COUNTY DEPARTMENTS TO ESTABLISH CONTRACTING GOALS FOR JOBS WITH THE HOWARD COUNTY WORKSHOP.

The Howard County Sheltered Workshop meets a major need for handicapped residents of the county. It provides vocational training and employment opportunities to handicapped persons. Its success, in part, is contingent upon tangible public support in the form of job contracts and placement for vocational training. It can perform at a cost and quality which is competitive. However, public agencies need to make greater efforts to utilize the workshop's services as well as those of other organizations. The County Executive should consider the feasibility of "set aside" contracts for the workshop.

13. PUBLIC AND PRIVATE AGENCIES SHOULD WORK TO ESTABLISH VOCATIONAL TRAINING PROGRAMS FOR HANDICAPPED PERSONS.

State funding is available from the Division of Vocational Rehabilitation through the Howard County Workshop to organizations providing on-site training to handicapped persons. Public and private agencies should take advantage of these programs. These programs help handicapped persons to function fully in society subsequent to training.

14. HOWARD COUNTY NEWSPAPERS SHOULD PROVIDE BROAD PUBLIC COVERAGE FOR INFORMATION ON EXISTING PROGRAMS AND SERVICES FOR THE HANDICAPPED.

Because a major problem handicapped residents of Howard County face is a lack of information about available services and myths about handicaps, local newspapers should continue to perform a major public service by providing coverage of services for handicapped.

15. THE HOWARD COUNTY RECREATION DEPARTMENT SHOULD ASSUME RESPONSIBILITY FOR A COORDINATING COUNTY-WIDE RECREATION PROGRAM FOR THE HANDICAPPED.

Only 10% of Howard County's handicapped population is served by recreation programs other than those available in school settings. The opportunities for increasing recreation services for the handicapped at minimal cost are numerous. The county, however, should assume responsibility for stimulating the development of this opportunity. This can be done by assigning this task to existing staff. An alternative would be to hire a recreation therapist. If such a person is hired, they should be expected to provide direct services as well as perform the administrative functions connected with coordinating county-wide recreation programs for the handicapped. In implementing this recommendation, recognition should be given to the primary principle of integrating all handicapped citizens who can participate into the standard programs of the Department.

16. THE HOWARD COUNTY RECREATION DEPARTMENT SHOULD ASSIST HANDICAPPED INDIVIDUALS TO ORGANIZE TEAMS IN DIFFERENT SPORTS.

Teams consisting of handicapped persons compete in nearby counties in such sports as basketball, archery, and table tennis. The parks and recreation department should help develop teams in these and other sports which are of interest to handicapped residents.

17. THE HOWARD COUNTY ASSOCIATION FOR RETARDED CITIZENS SHOULD INITIATE A BREAK-EVEN PILOT AFTER SCHOOL RECREATION PROGRAM FOR HANDICAPPED CHILDREN.

The need exists for a recreation program during the school year for handicapped children. Such a program could be developed using the technical assistance of the Columbia Association which has had experience operating an after school recreation program.*

18. THE BOARD OF EDUCATION SHOULD ANALYZE THE NEED FOR A SPEECH THERAPY PROGRAM IN COUNTY HIGH SCHOOLS.

Persons with speech impairments represent approximately 18% of the county's handicapped population. While both primary and middle schools have speech therapists, such staff has not been available at the high school level. Although the extent of speech impairment among high school students has not been determined precisely in this study, Board of Education officials knowledgeable about the county's high school program indicate that, perhaps, several students require speech therapy.

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* In 1974 an after school recreation program was initiated by the Howard County Association for Retarded Children (CARC) and the Columbia Association's Department of Recreation. The program operates at Swansfield Elementary School on Mondays and Wednesdays from 3:30 to 5:30 p.m. The program has attracted nine children and is operating on a break-even basis. Enrollment to date has been from the Columbia area and the County Parks and Recreation Department and HCARC should develop satellite programs throughout the county or provide transportation to the existing program. The program evolved as a result of findings made during this study.

19. THE COLUMBIA ASSOCIATION AND THE HOWARD COUNTY PARENT ASSOCIATION FOR CHILDREN WITH LEARNING DISABILITIES SHOULD WORK TOGETHER TO DEVELOP ART PROGRAMS FOR PERSONS WITH SPECIAL LEARNING DISABILITIES.

Art is a median that provides an extremely positive learning situation for many of the individuals with specific learning disabilities. SLD is the second highest known handicap in Howard County and a pilot therapeutic course for youth and adults that deals with special art education for individuals with special learning disabilities should be initiated at the Visual Arts Center.

20. THE COLUMBIA ASSOCIATION SHOULD MAKE ITS EXERCISE-WEIGHT ROOM AND WHIRLPOOL EQUIPMENT AT THE CA ATHLETIC CLUB AVAILABLE AT RATES WHICH ARE AFFORDABLE BY ALL HANDICAPPED COUNTIANS.

The whirlpool at the CA Athletic Club is used only several times a week. A non-member must pay a $3.50 guest fee plus a $2.50 charge each time to use the whirlpool. CA should develop procedures which enable all handicapped residents to obtain reasonable access to these facilities at rates they can afford.

21. A THERAPEUTIC AQUATICS PROGRAM ON A ONE-TO-ONE BASIS FOR HANDICAPPED RESIDENTS WHO CANNOT PARTICIPATE IN THE GROUP PROGRAMS SPONSORED BY THE COLUMBIA JAYCEES SHOULD BE DEVELOPED.

The CASE swimming program presently provides group aquatic lessons for handicapped persons at the Columbia Swim Center. A need exists, however, for individual aquatic medical therapy programs. Such programs can be provided at the "Y" or Columbia Swim Center. The county recreation department should coordinate this program.

22. THE BALTIMORE REGIONAL PLANNING COUNCIL SHOULD WORK WITH FEDERAL OFFICIALS TO IMPROVE THE QUALITY OF INFORMATION AVAILABLE FROM THE U.S. CENSUS ABOUT THE REGION'S HANDICAPPED POPULATION.

The data available about the county's handicapped population is scarce. It is difficult to obtain basic information about the number of handicapped residents, the type of handicap they have, and the degree to which the handicap limits their activity. The Baltimore Regional Planning Council should address this problem.

23. LOCAL BOY AND GIRL SCOUT AND OTHER RECREATION ORGANIZATIONS SHOULD INITIATE A PROGRAM AT ROCKLAND AND SCAGGSVILLE SCHOOLS.

Rockland and Scaggsville schools are sites for educational programs for handicapped children who cannot attend other schools. Because the handicapped population is widely dispersed throughout the county, it is recommended that scouting programs be initiated using these schools as a base.

24. THE NEED FOR A SPEECH THERAPY PROGRAM AT THE HIGH SCHOOL LEVEL SHOULD BE DETERMINED BY THE SUPERINTENDENT OF SCHOOLS.

While presently 3% of Howard County's school age population has some type of speech impairment, the school system has only provided speech therapy at the elementary and middle school level. Based on national and local statistics as well as the judgements of high school faculty in the school system, there may be a need to provide a speech therapy program at the high school level. The extent of this need should be determined by the Superintendent of Schools prior to the FY 76-77 budget.

ARCHITECTURAL BARRIERS
COLUMBIA ASSOCIATION FACILITIES

PRIORITIES AND COST FOR RENOVATION

(Supporting Data For Recommendation No. 5)

PHASE I

Facility	Barrier	Recommended Renovations (In Order of Priority)
Kahler Hall (Harpers Choice)	. Toilet room inaccessible: upstairs entirely too narrow 29", stall too small; door 24" 35" X 55" size; dispensers too low 20", no identification symbol.	. Make bathroom accessible
	. Linoleum tiled ramp is too slippery a surface.	. Provide non-slip surface to linoleum ramp.
	. Public telephone too high 60"	. Lower public telephone.
Slayton House (Wilde Lake)	. Toilet room inaccessible: entrance too narrow, 25" stall too small; doors 20", size 30" X 55"; dispensers too high, 50", faucet handles not horizontal type; no identification symbol.	. Make bathroom accessible.
	. No identified parking spaces.	. Provide 4 identified parking spaces.
	. Public telephone too high 56".	. Lower public telephone.

* Estimates based on 1974 prices

ARCHITECTURAL BARRIERS
COLUMBIA ASSOCIATION FACILITIES

PRIORITIES AND COST FOR RENOVATION

(Supporting Data For Recommendation No. 5)

Barrier	Recommended Renovations (In Order of Priority)	Cost*	Sub-Total
room inaccessible: entirely too 29", stall too door 24" 35" X 55" ispensers too low identification	. Make bathroom accessible	$700	$ 730
tiled ramp is pery a surface.	. Provide non-slip surface to linoleum ramp.	$ 30	
telephone too high 60"	. Lower public telephone.	No Charge	
room inaccessible: too narrow, 25" oo small; doors 20", " X 55"; dispensers , 50", faucet handles izontal type; no ication symbol.	. Make bathroom accessible.	$500	
tified parking spaces.	. Provide 4 identified parking spaces.	$320	
telephone too high 56".	. Lower public telephone.	No charge	$ 500

prices

PRIORITIES AND COST FOR RENOVATION

PHASE I

Facility	Barrier	Recommended Renovations (In Order of Priority)
Stone House (Long Reach)	. Toilet Rooms: Downstairs is accessible but lacks the following:	
	Handrails missing Identification symbol missing	. Provide handrails and identification symbol for downstairs bathathroom.
	Identification symbol missing Sink too low, 29" *	symbol for downstairs bathroom. . Make main floor bathroom accessible
	. Two 7" curbs from parking lot to building.	. Provide adequate ramp from parking lot to building.
	. Telephone too high, 61"	. Lower public telephone
The Other Barns (Oakland Mills)	. Three 6" steps Leading to lounge, main room and offices.	. Build ramp
	. Toilet rooms are inaccessible: Women's: Three 7" steps leading to toilet room, entrance door too narrow, 27", stall too small, door 21" size 29"X56", dispensers too high, 49"-55", sink too low, 27".	. Make toilet rooms accessible

* Estimates based on 1974 prices

PRIORITIES AND COST FOR RENOVATION

Barrier	Recommended Renovations (In Order of Priority)	Cost*	Sub-Total
ooms:			
irs is accessible but e following:			
s missing cation symbol missing	. Provide handrails and identification symbol for downstairs bathathroom.	$ 110	
cation symbol missing low, 29"	symbol for downstairs bathroom. . Make main floor bathroom accessible	$ 75	
urbs from park- to building.	. Provide adequate ramp from parking lot to building.	$ 150	
e too high, 61"	. Lower public telephone	No Charge	$ 335
steps Leading e, main room ces.	. Build ramp	$ 200	
ooms are in- le: Women's: steps leading t room, entrance narrow, 27", o small, door 21" "X56", dispensers , 49"-55", sink 27".	. Make toilet rooms accessible	$ 500	$ 700
prices			

PRIORITIES AND COST FOR RENOVATION

PHASE I

Facility	Barrier	Recommended Renovations (In Order of Priority)
Swim Center	. Toilet rooms inaccessible: Entrance door 28", stall door 22", size 33"X55", no rails pipes aren't covered; sink is too low 25.5", mirrors and dispensers too high, no identification symbol.	. Make toilet rooms accessible
	. 4.5" step at main entrance	. Proper ramp steps leading to main entrance.
	. Steps (8",9",8") to main and wading pool.	. Construct a ramp from lobby area to main and wading pool (handrails)
	. No railings.	. Provide railings
	. No parking spaces	. Provide 2 parking spaces
	. Public telephone too high	. Lower public telephone
Visual Arts	. Toilet rooms inaccessible: (upstairs & downstairs) entrance door too narrow 26", dispensers too high 57", stall too small: door size 55"X33", no identification symbol.	. Make bathrooms accessible

* Estimates based on 1974 prices

PRIORITIES AND COST FOR RENOVATION

Barrier	Recommended Renovations (In Order of Priority)	Cost*	Sub-Total
ooms inaccessible: door 28", stall door e 33"X55", no rails en't covered; sink is 25.5", mirrors and rs too high, no iden- on symbol.	. Make toilet rooms accessible	$ 700	
p at main entrance	. Proper ramp steps leading to main entrance.	$ 50	
",9",8") to main ng pool.	. Construct a ramp from lobby area to main and wading pool (handrails)	$ 800	
ngs.	. Provide railings	$ 400	
ng spaces	. Provide 2 parking spaces	$ 160	
elephone too high	. Lower public telephone	No Charge	$2110
ooms inaccessible: s & downstairs) door too narrow 26", rs too high 57", o small: door size no identification	. Make bathrooms accessible	$ 500	

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PRIORITIES AND COST FOR RENOVATION

PHASE I

Facility	Barrier	Recommended Renovations (In Order of Priority)
Visual Arts (Cont.)	. 7" curb from parking lot to main level.	. Provide graded curb near main entrance
	. Public Telephone too high 51"	. Lower public telephone.
Athletic Club	. Toilet stalls inaccessible door too narrow, 23", size 34"X52", sink is too low 24".	. Make toilet stall accessible
	. Curb outside 7"	. Provide graded curb near main entrance
	. No railings or seat for two shower stalls.	. Make single shower stalls accessible (railings & bench)

Total Cos
Phase I

* Estimates based on 1974 prices

PRIORITIES AND COST FOR RENOVATION

Barrier	Recommended Renovations (In Order of Priority)	Cost*	Sub-Total
from parking lot to el.	. Provide graded curb near main entrance	$ 75	
elephone too high 51"	. Lower public telephone.	No Charge	$ 575
talls inaccessible narrow, 23", size sink is too low 24".	. Make toilet stall accessible	$ 200	
side 7"	. Provide graded curb near main entrance	$ 75	
ngs or seat for two talls.	. Make single shower stalls accessible (railings & bench)	$ 250	$ 525
		Total Cost Phase I	$5,475

rices

COLUMBIA ASSOCIATION FACILITIES

PRIORITIES AND COST FOR RENOVATION

PHASE II

Facility	Barrier	Recommended Renovations (In Order of Priority)
Ice Skating Rink	. Steps to main entrance.	. Provide adequate ramp to main entrance
	. Toilet room inaccessible: stalls: door 26", 35 x 55 size, no handrails, pipes uncovered, sink too low, faucet handles push spring type, no identification.	. Make upstairs toilet room accessible.
	. Public telephone too high, 52".	. Lower public telephone.
		PHASE II TOTAL
Children's Zoo (HRD Responsibility)	. Curb at entrance leading to bathrooms.	. Provide adequate grading.
	. Toilet rooms inaccessible: 24" door, 5" step, mirrors and dispensers too high, 45-53", sink too low 22", faucets are push type, no identification symbol.	. Make toilet rooms accessible.
	. Public telephone too high.	. Lower public telephone.

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* Estimates based on 1974 prices

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COLUMBIA ASSOCIATION FACILITIES

PRIORITIES AND COST FOR RENOVATION

arrier	Recommended Renovations (In Order of Priority)	Cost*	Sub-Total
to main entrance.	. Provide adequate ramp to main entrance	$150	$ 350
room inaccessible: : door 26", 35 x 55 no handrails, pipes red, sink too low, handles push type, no identifi- .	. Make upstairs toilet room accessible.	$200	
telephone too high,	. Lower public telephone.	NC	
	PHASE II TOTAL		$2,135
t entrance leading throoms.	. Provide adequate grading.	$ 75	$ 825
rooms inaccessible: oor, 5" step, mirrors ispensers too high, 45-53", too low 22", faucets ush type. no identi- ion symbol.	. Make toilet rooms accessible.	$750	
c telephone too high.	. Lower public telephone.	NC	

rices

66

PRIORITIES AND COST FOR RENOVATION

PHASE II

Facility	Barrier	Recommended Renovations (In Order of Priority)
Long Reach (Stonehouse)	. Dangerous doors not knurled or taped.	. Knurl doors leading to dangerous areas.
	. Water fountain too high, 40"	. Lower water fountain.
	. Control switches too high: fire alarm 62", fire extinguisher 52", necessary lights, 54".	. Lower emergency equipment.
	. No identified parking spaces.	. Provide 2 spaces
Oakland Mills (The Other Barn)	. Water fountain too high, 45"	. Add extra spout to water fountain.
	. Door handles not horizontal type.	. Change door handles to horizontal type.
	. Three 6" steps in courtyard.	. Provide ramp in courtyard.
	. No identified parking spaces.	. Provide 2 spaces.
Harper's Choice (Kahler Hall)	. Door handles not knurled in emergency areas.	. Knurl doors leading to dangerous areas.
	. No identified parking spaces.	. Provide 2 spaces.

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* Estimates based on 197[illegible] prices

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PRIORITIES AND COST FOR RENOVATION

Barrier	Recommended Renovations (In Order of Priority)	Cost*	Sub-Total
gerous doors not knurled taped.	. Knurl doors leading to dangerous areas.	$ 5	$ 290
er fountain too high, 40"	. Lower water fountain.	$100	
trol switches too high: e alarm 62", fire inguisher 52", necessary hts, 54".	. Lower emergency equipment.	$ 25	
identified parking spaces.	. Provide 2 spaces	$160	
er fountain too high, 45"	. Add extra spout to water fountain.	$100	$ 460
r handles not horizontal e.	. Change door handles to horizontal type.	$ 50	
ee 6" steps in courtyard.	. Provide ramp in courtyard.	$150	
identified parking spaces.	. Provide 2 spaces.	$160	
r handles not knurled in rgency areas.	. Knurl doors leading to dangerous areas.	$ 5	$ 165
identified parking spaces.	. Provide 2 spaces.	$160	

prices

PRIORITIES AND COST FOR RENOVATION

PHASE II

Facility	Barrier	Recommended Renovations (In Order of Priority)
Wilde Lake (Slayton House)	. Water fountain too high 40"	. Provide additional lower spout for fountain.
	. Entrance door pressure too great	. Decrease pressure on entrance doors.
	. Switches too high: fire alarm 64" and lights 50"	. Lower fire alarm switch and necessary switches.
	. No identified parking spaces.	. Provide 2 spaces.
	. Door handles not horizontal	. Replace door handles when they break to be horizontal type.
Athletic Club	. Water fountain too high 46"	. Lower water fountain
	. No identified parking spaces.	. Provide 2 spaces.
Swim Center	. No color differentation in steps	. Paint lips of steps a high contrast color.
	. Fire Alarm too high 57", light switches too high 50"	. Lower fire alarm and necessary light switches.
Ice Rink	. Steps to spectator area - 7 - 8"	. Construct Ramp
	. Steps to lower level (proshop, rink, etc) 7 x 8"	.

* Estimates based on 1974 prices

PRIORITIES AND COST FOR RENOVATION

Barrier	Recommended Renovations (In Order of Priority)	Cost*	Sub-Total
r fountain too high 40"	. Provide additional lower spout for fountain.	$100	$ 410
ance door pressure too t	. Decrease pressure on entrance doors.	$ 50	
ches too high: fire alarm and lights 50"	. Lower fire alarm switch and necessary switches.		
dentified parking spaces.	. Provide 2 spaces.	$160	
handles not horizontal	. Replace door handles when they break to be horizontal type.	$ 50	
r fountain too high 46"	. Lower water fountain	$100	$ 260
dentified parking spaces.	. Provide 2 spaces.	$160	
color differentation in s	. Paint lips of steps a high contrast color.	$ 20	$ 70
Alarm too high 57", light ches too high 50"	. Lower fire alarm and necessary light switches.	$ 50	
s to spectator area - 8"	. Construct Ramp	$ 50	$ 130
s to lower level (proshop, , etc) 7 x 8"	.	$ 80	$ 130

rices

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ARCHITECTURAL BARRIERS
COLUMBIA ASSOCIATION FACILITIES

PRIORITIES AND COST FOR RENOVATION

PHASE III

Facility	Barrier	Recommended Renovations (In Order of Priority)
Hobbits Glen Golf Course	. 3" step at main entrance	. Provide graded ramp at main entrance.
	. Telephone too high 65"	. Lower telephone.
9 Neighborhood Centers & 2 Children's Centers **	. 7" curb from parking lot to center and 4" curb at entrance	. Ramp curb of parking lot and entrance step up.
	. Toilet rooms inaccessible; entrance door too narrow 28-29", size too small 35" x 57", sinks too low 27", stall door 24"	. Make bathrooms accessible.
	. Telephone too high 55-65"	. Lower telephone.

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* Estimates based on 1974 prices
** Does not include Dasher Green

72

Total
Phase
(9 Ce

ARCHITECTURAL BARRIERS
COLUMBIA ASSOCIATION FACILITIES

PRIORITIES AND COST FOR RENOVATION

Barrier	Recommended Renovations (In Order of Priority)	Cost*	Sub-Total
step at main entrance	. Provide graded ramp at main entrance.	$ 75	$ 75
lephone too high 65"	. Lower telephone.	NC	
curb from parking lot to nter and 4" curb at trance	. Ramp curb of parking lot and entrance step up.	$ 75/N.C.	
ilet rooms inaccessible; ntrance door too narrow -29", size too small " x 57", sinks too low ", stall door 24"	. Make bathrooms accessible.	$500/N.C.	
elephone too high 55-65"	. Lower telephone.	NC	

74 prices
er Green

Total Cost
Phase III
(9 Centers) $5,175

APPENDIX (A)

ACKNOWLEDGEMENTS

ACKNOWLEDGEMENTS

The Columbia Association wishes to thank the agencies, handicapped citizens and their families, and the Howard County physicians who participated in this study. The sharing of personal ideas and feelings were invaluable and without their support, this study could not have been accomplished. Many individuals and groups from the community unselfishly gave their own time and energy in assisting the Office of Planning and Evaluation to carry out the research regarding the handicapped. These include:

- Members of the Bnai B'rith Lodge who provided the manpower necessary to analyze Columbia Association facilities in terms of their suitability for handicapped residents.

Stanley Ber	Melvin G. Berger
Norman M. Bickman	Benjamin Blum
Steve Carton	Jeffrey M. Dreifuss
Howard S. Feldmesser	David Hutchinson
David Karney	Howard Kassoff
Barry Lipson	Jack J. Moskowitz
Stanley Schiffman	Phil Smith
Fred Toback	Jerome Weinstein

- Agency representatives concerned with services for the handicapped include:

Abson, Alan	Education Resources Information Center, Arlington, Virginia
Aldridge, Elizabeth	Howard County Health Department
Breazeale, C.P.	Columbia Jaycees
Bryan, Frank	Maryland School for the Deaf (Columbia)
Carbone, Michael	United Cerebral Palsy of Central Maryland
Chapman, Jean	Hearing and Speech Agency of Metropolitan Baltimore, Inc.
Clifton, Nancy	Children's Physical Development Clinic, Board of Education
Glick, Cynthia	Prince Georges County Speech and Hearing Department
Gordon, Neil	Columbia Jaycees

Hanton, Von	Howard County Human Relations Commission
Hippolitus, Paul	President's Committee on Employment of the Handicapped
Hitzhusen, Gerald	National Recreation & Park Association, Therapeutic Recreation
Johnson, Ron	Adaptive Physical Education, University of Maryland
Jorgenson, Jay	Fairfax County Planning Commission
Kit, Wendy	Governor's Commission on the Handicapped (Maryland)
Kohn, Ezra	Executive Committee, Scaggsville School PTA
Krause, Sonna	Vocational Evaluation, Howard County Workshop
Lietuvnikis, Mary	Delrey Development Center
Lovell, Alan	Howard County Association of Retarded Citizens
Malcotti, Marvin M.	Rosewood Center
McConnell, Jay	U.S. Department of Agriculture
Miller, Marie	Division of Vocational Rehabilitation (Howard County)
Mitchell, Susanne	Linwood Children's Center
Moore, Susie	Head Start (Howard County)
Neil, Ruth	Children's Center, Howard County Association of Retarded Citizens
Newcomb, Roger	Howard County Workshop
Park, David	National Recreation & Park Association, Therapeutic Recreation
Peter, John	National Rehabilitative Services Administration
Possner, Bernard	President's Committee on Employment of the Handicapped
Prill, Virginia	Grassroots
Ross, Ruth Ellen	Governor's Commission on Employment of the Handicapped (Maryland)
Shoffeitt, Lynn	Family Life Center
Segal, Carl	Howard County Mental Health Bureau
Silverstein, Michelene	American Heart Association

Simons, Jeanne	Linwood Children's Center
Sinclair, Wayne	Maryland School for the Deaf (Frederick)
Stein, Julian	American Association for Health Physical Education & Recreation
Sullivan, Martha	Special Education Department, Howard County Board of Education
Wolfe, Herbert J.	Maryland School for the Blind

- Ms. Andi Farbman, Masters Candidate in Therapeutic Recreation, University of Maryland, who assisted in developing the "Before and After School Program for Youth with Special Needs", that operates at Swansfield Elementary School.

- Ms. Jane Graves, who provided considerable analysis and material dealing with the needs for supportive mental health services for handicapped persons.

- Ms. Alice Harris, who typed this document and whose patience and understanding were equal to the task.

APPENDIX (B)

REVIEW OF LITERATURE

REVIEW OF LITERATURE

This Appendix describes previous research that focuses on Howard County's handicapped population. The three documents described herein are:

1. Report of the Howard County Human Services Seminar; Task Force on Health and Handicapped, April 1972.
2. The Handicapped Child in Our Community; Howard County Commission for Handicapped Children, April 1972.
3. The Governor's Commission to Study the Needs of the Handicapped, January 1974.

Several themes are common to this literature as well as to this report, namely, the need to eliminate architectural barriers, the development and provision of information about the handicapped population and services available, the provision of transportation opportunities, and increasing participation by handicapped citizens in public decision-making processes. The redundancy of these themes makes it clear now, if it had not been clear previously, that what is needed is substantially more direct action than has occurred in the past to begin the process of implementing these recommendations. Highlights from each of these three reports are provided below.

1. Report of Howard County Human Services Seminar Task Force on Health and Handicapped, April 1972.

The Report of the Howard County Human Services Seminar (1972) appears to be the first major document that attempted to identify needs of the handicapped residents of the county. This report was the result of a three day weekend seminar involving 200 individuals from various community service agencies in the county. The seminar was designed to catalog the felt need

within the county, arrange those needs by category and priority, devise some short range and realistic solutions to some of the needs, and identify new county leadership which would help accomplish the seminar-developed goals. The seminar identified 12 human services categories making each a task force. The "Health and Handicapped Task Force" identified the following needs of the handicapped (p. 56, p. 60, p. 41):

- Develop a sheltered workshop for handicapped in Howard County
- Provide a more relevant education program for handicapped children within Howard County School System
- Train teachers to relate better to handicapped children
- Create a barrier-free environment for the handicapped
- Create a residential care facility on weekends to give relief to parents of handicapped children
- Develop public transportation for the elderly, the disabled, and the poor (Transportation Task Force, p. 60).

The Task Force on Health and Handicapped within the next 60 days worked essentially on raising funds for a sheltered workshop and supported the printing and distribution of The Handicapped Child in Our Community.

2. The Handicapped Child In Our Community, the Howard County Commission for Handicapped Children, April, 1972. The County Executive established the Commission to conduct a "comprehensive study to determine the present and future needs for programs to meet the special requirements of physically, mentally, and emotionally handicapped children, including the study of a possible program for continuing financial support of such programs".

- Conduct a county-wide survey to determine the numbers and types of handicapped children in Howard County
- Conduct an agency survey to assess the programs available to handicapped children in Howard County and additional services needed
- Develop a model county plan to coordinate present and future services for handicapped children in Howard County.

This report provided population figures, skeletal descriptions of existing agencies and recommendations for perceived needed services. Major recommendations included:

1. The County Executive take the necessary steps to establish a Human Services Agency under the existing Administrator to expand the functions of human services delivery to county citizens in distress.
2. The County Executive direct the Human Services Administrator to establish an Office for the Handicapped within the proposed Human Services Agency.
3. The County Executive direct the Human Services Administrator to mobilize youth and other citizens to aid handicapped and other persons in need by establishing a Community Services Corps.
4. The County Executive direct the Human Services Administrator, in cooperation with the Department of Social Services, to develop and implement a broad plan of social adjustment and family assistance for the handicapped and their families.
5. The County Executive direct the Human Services Administrator, in cooperation with other appropriate departments, to develop a community plan for providing a variety of small specialized residents to meet the needs of certain handicapped children.
6. The County Executive request the County Council to enact legislation to provide matching local funds for operation of a Sheltered Workshop in the county.
7. The County Executive request the County Council to enact legislation for the county to become the employer of last resort for handicapped youth and adults unable to obtain private employment.

8. The County Executive request the County Council to adopt legislation to amend local building codes to remove architectural barriers in all public buildings which prevent access and use by physically handicapped and aged persons.

9. The County Executive request the County Health Department to submit to the County Council a 5-year plan for coordinating medical services for handicapped children in the county.

10. The Board of Education direct the Superintendent to prepare a 5-year plan to meet current and long range needs of handicapped children in the county.

11. The Board of Education direct the Superintendent to establish additional public school classes, as required, for all handicapped children able to attend.

12. The Board of Education direct the Superintendent to utilize the Student Junior and Student Senior Aides of the Community Service Corps (Recommendation 3) for resource support to handicapped children.

13. The Board of Education direct the Superintendent to defray the entire cost of education for handicapped children attending private schools where the Department of Education is unable to provide instruction to meet the needs of certain pupils in the public schools.

14. The Board of Education direct the Superintendent, under appropriate State Aid, to expand facilities, programs and personnel to serve the educational and training needs of a large range of developmentally disabled children who are able to benefit from a day program and live at home.

15. The Board of Education, in cooperation with the State Department of Vocational Rehabilitation, direct the Superintendent to provide additional and innovative vocational training to handicapped children.

16. The County Executive request the Department of Vocational Rehabilitation to convene a yearly seminar to promote employment of the handicapped in the county.

17. The Chief Executive request the Department of Health, Education and Social Services to study the proposed model of service delivery and devise a workable system for the county, including means of cost-accounting for inter-agency transfer of services.

18. The County Executive request the Departments of Recreation and Education, in cooperation with the Human Services Administrator, to devise and implement a comprehensive recreation program for handicapped children.

19. Howard Community College, in cooperation with the State Department of Education and other local colleges and universities, explore the entire problem of training, certification, and placement of personnel in helping professions for the handicapped.

20. A Citizen's Advocate Board for the Handicapped be established to supercede the Commission as an ongoing consumer-oriented body of assistance to the community in implementing the recommendations of the Commission and determine additional enabling legislation needed at the state level.

3. The Governor's Commission to Study the Needs of the Handicapped in January, 1974. The Commission was established as a result of a 1971 House Resolution and the Governor's approval. It was composed of 15 representatives of the medical, teaching organizations, state and local administrative agencies, voluntary and parent organizations and the General Assembly of Maryland. The Commission's goals were:

a. Evaluation of existing services

b. Matching existing services with the specific requirements of the disabled population

c. Developing an optional program for Maryland.

Methodology included providing opportunities of approximately 100 lay and professional individuals to voice their opinions, coordinating visits to facilities for the handicapped, and utilizing information from staff members and representatives of public and private agencies on local, state, and Federal levels.

Ten detailed recommendations were ascertained which represents an attempt to develop programs which will "meet immediate and basic needs of Maryland's handicapped". These recommendations, in summarized form, are:

1. Establishment of a Coordinated Delivery System of Services for Maryland's Handicapped Citizens.

The Commission citing the need for greatly increased coordination among governmental and non-governmental agencies and departments recommends the establishment of an Office for the Coordination of Services to the Handicapped at the state and county levels. This Office would be responsible for the coordination, promotion, evaluation and planning of existing programs and services for the handicapped.

2. Necessity for an Increased and Continual Public Information Campaign.

The Commission stated that the "public seems abysmally unaware" of a variety of existing services and that most of the previous information has "unwittingly promulgated a public image of the handicapped which is a mixture of pity, helplessness, and dependency" which are overtly false myths. They recommended that qualified technical assistance be given to the media, that a state-wide, toll-free information and assistance telephone number be established, that handicapped citizens actively communicate basic problems for the handicapped, and that handicapped citizens have "direct input in the development of all forms of communication relative to the handicapped".

3. Development of a Coordinated Functional Process for the Analysis and Procurement of Federal and State Funding.

This identified need is based upon observing the state and nation-wide image of funding programs. It reflects a lack of "comprehensive controls, evaluations and planning". To improve the situation, they recommended that a comprehensive cost analysis be developed and that the Office for Coordination of Services to the Handicapped study whether community funds of several agencies brought together could better serve the handicapped individual and cut down on duplication of efforts.

4. Development of Alternative Community-Based Living Situations.

This recommendation deals with the "concept of normalization" which attempts to "eliminate warehousing of patients and send back to communities those who could better be served in a more normal setting utilizing a continuance of services available in each locale". Citing various examples which spell out the positive use of alternative living situations, the Commission recommended that legislation provide immediate attention in formulating "a plan for the development of needed community based alternative living situations".

5. Elimination of Architectural Barriers.

This need stated that "steps leading to narrow doorways, inadequate parking facilities close to municipal buildings, drinking fountains and telephone booths located too high for accessibility from wheel chairs and even curbs found at every street corner" restricts or totally prohibits many physically handicapped individuals from seeking job employment, pursuing recreational participation and obtaining an education. The Commission recommends the elimination of architectural barriers through strengthening of existing laws.

6. Assurance of a Free Public Education for Maryland's Handicapped Students.

The Commission felt that while "Maryland is on the way to providing more complete educational opportunities for her handicapped citizens", there are still 7,700 handicapped children needing services that are not yet receiving any. The Commission stressed that Maryland "cannot allow more time to elapse" in making every effort to provide an educational program suitable to the specific needs of any handicapped child.

7. Expansion of Occupational Preparation and Employment Opportunities.

The Commission concluded that "vocational training, placement and follow through are crucial areas which need improvement". They pointed specifically to Western Maryland and the Eastern Shore identifying that there was a need to provide comprehensive rehabilitation centers in these areas; that mobile units for evaluation and training be utilized; and that funding be made available for increased transportation services and additional counseling services. It was further recommended that after evaluation and training that state and local governments enact hiring severly handicapped individuals in certain non-competitive civil service positions; that the Governor's Secretary of Personnel insure "employment of certain entry levels for those qualified handicapped citizens who might otherwise be disregarded in the job selection process; that governments "attempt to make more contracts available to those disabled people employed in sheltered workshops" and that inquiries be made and facts be examined to insure fair wages and work laws". In addition, they explicitly recommended the creation of a central registry linking existing employment opportunities as well as qualifications of those disabled persons seeking employment".

8. Availability of Transportation for the Handicapped.

The Commission stated that there were "acute transportation needs" of the handicapped caused by the "lack of funds" for transportation; lack of available services to many important locations; and problems of convenience and safety associated with transportation designs and service facilities. The Commission recommended that funding be increased and better coordinated; that guidelines be developed employing all levels of transportation coordin ation; and that publically funded transportation services be required to be of barrier-free design.

9. Selection and Training of Personnel Working with the Handicapped.

The State's report citing the October 26, 1973 U.S. Department of Health, Education and Welfare news releases indicated the lack of adequate and qualified labor force working with the handicapped. Because of this shortage, they recommended "special professional preparation must be incorporated into pre-service

and in-service curricula" of professional and para professional schools; "new emphasis must be placed on information centers or data banks to make available knowledge about training; research and demonstration programs for personnel working with the handicapped"; funding for the training be a form of special inducements, traineeships, scholarships, grants, and loans, and that personnel characteristics and sensitivities which enhance the individual's ability to deal with the handicapped be included in all selection criteria.

10. Development of a System of Information Collection.

The Commission strongly supports the concept of a system of collection of information for the handicapped, stating that the existing Data System is limited because it serves only those from birth to 20 years of age. The Commission adds that while "respecting the confidentiality of the individual", the collection of data would greatly assist in identifying unmet needs and gaps in services and programs, would make programs more effective and comprehensive, and would avoid their duplication.

APPENDIX (C)

ARCHITECTURAL STANDARDS

APPENDIX C

BARRIER FREE DESIGN STANDARDS

I. Exterior Site Development

A. Walks

1. Walks to entrances and exits for all floor levels are to be constructed and planned so that there will not be any abrupt level changes. The minimum is one walk; at least two walks are highly recommended for emergency purposes, e.g. fire, and all such walks would be the ideal situation.
2. Public walks should be at least 48 inches wide.
3. Such walks shall be of a continuing common surface, not interrupted by steps or abrupt changes in level.
4. Whenever walks cross other pathways, driveways, or parking lots, they should blend in to a common level.
5. A walk which slopes >3% shall have a level platform at the top which:
   a. Is at least 5' x 5', if a door swings out onto the platform or toward the walk.
   b. Is at least 3' x 5', if the door does not swing onto the platform or toward the walk.
   c. Both platforms shall extend at least one foot beyond each side of the doorway.
6. Paths of travel are defined by the following gradients. Design characteristics shall take effect accordingly:

   0% - 3% are considered walks (surface of adjacent ground at same level as walk).
   3+%- 5% are considered walks, but frequent rest areas are necessary (surface of adjacent ground at same level as walk).
   5+%- 8% are ramps and require curb and handrails, on both sides.

BARRIER FREE DESIGN STANDARDS

8+%-10% (Absolute maximum) curbs must be 30 inches. Level rest areas must be provided no more than 30 feet apart preferably every 15 feet. All 10% ramps must be accompanied by properly designed stairs.)

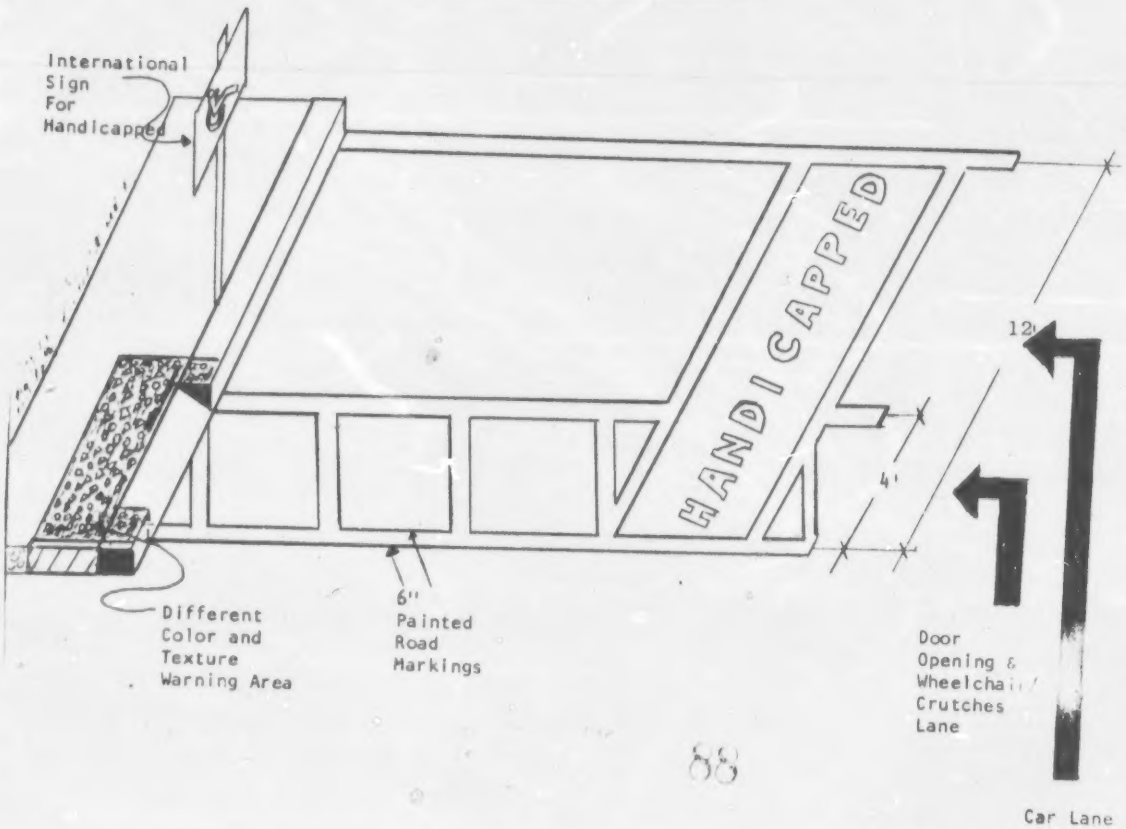
B. Parking lots

1. 2% of the parking spaces shall be constructed and identified for use by individuals with physical disabilities. There shall be, at minimum two such parking spaces.

2. Parking spaces for individuals with physical disabilities, when placed between two conventional diagonal or head-on parking spaces, should be 12 feet wide.

3. Care in planning should be exercised so that individuals in wheelchairs and individuals using braces and crutches are not compelled to wheel or walk behind parked cars or wheel or walk long distances.

EXAMPLE OF A PARKING SPACE



BARRIER FREE DESIGN STANDARDS

C. Fire Places/Grills

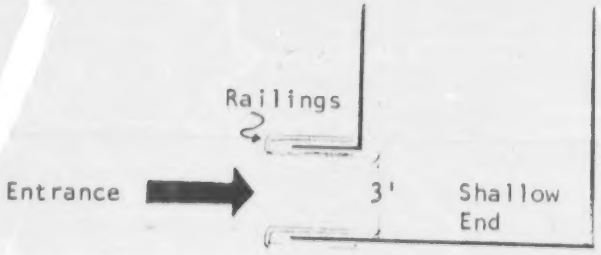
1. 2% of all fireplaces and/or grills shall be 30 inches high.

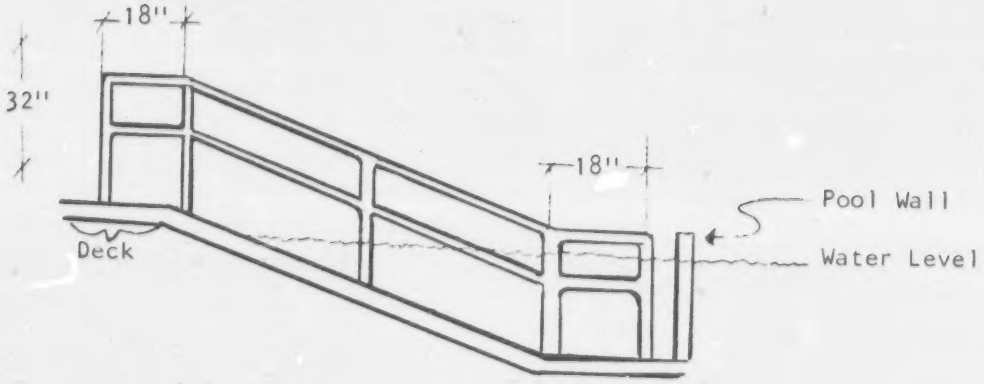
D. Pools

1. There shall be a 3 foot wide recessed ramp entrance into all pools.

2. The gradient of the ramp shall follow the gradient table.

3. Handrails will be provided 32 inches high. Dual handrails may be necessary depending upon local regulations.

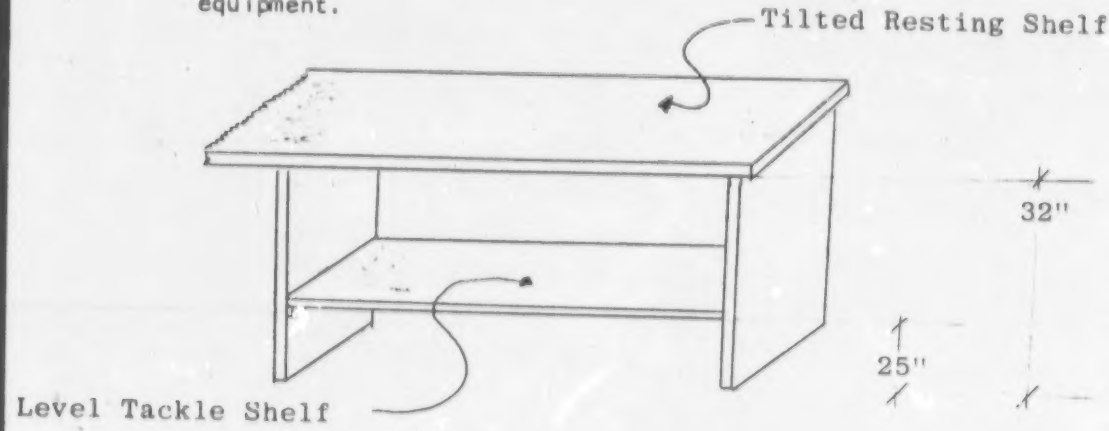




BARRIER FREE DESIGN STANDARDS

E. Fishing Piers

1. Fishing piers shall have appropriate handrails 32 inches high from the pier walking to the fishing area.
2. The fishing area shall have a tilted shelf 32 inches high which would allow the handicapped individual to rest his fishing pole.
3. There shall be a shelf 25 inches high for tackle and fishing equipment.



BARRIER FREE DESIGN STANDARDS

I. Interior Facility Development

A. Ramps with Gradients

1. A ramp shall not have a slope greater than 1 foot rise in 12 feet, of 8.33 percent, or 4 degrees 50 minutes.
2. A ramp shall have handrails on at least one side, and preferably two sides, that are 32 inches in height, measured from the surface of the ramp, that are smooth, that extend 1 foot beyond the top and bottom of the ramp, on wall side only. Two sets of handrails may be deemed necessary depending upon existing regulations.
3. A ramp shall have a surface that is nonslip.
4. Each ramp shall have at least 6 feet of straight clearance at the bottom.
5. Ramps shall have level platforms a minimum of 4.5 feet x 4.5 feet at 30-foot intervals for purposes of rest and safety and shall have level platforms wherever they turn.

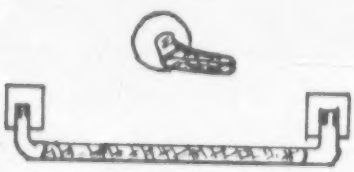
B. Entrances/Exits

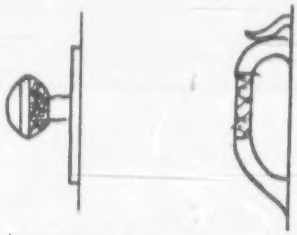
1. There should be at least two entrances/exits to each floor of a building <u>without</u> steps. One entrance/exit is mandatory, however, to allow a handicapped individual to escape an emergency (eg: fire) at least two entrances/exits per floor should be without steps. It is preferable that all entrances/exits be accessible to, and usable by, individuals in wheelchairs and individuals with other forms of physical disabilities as well as non-handicapped individuals as detailed herein.

BARRIER FREE DESIGN STANDARDS

C. Doors and Doorways (specifications applicable to both exterior and interior doorways).

1. Doors shall have a clear opening of 36 inches (no less than 32") when opened and shall be operable by a single effort.
2. The floor on the inside and outside of each doorway should be level for a distance of 5 feet from the door in the direction the door swings and shall extend 1 foot beyond each side of the door.
3. Sharp inclines and abrupt changes in level should be avoided at doorsills. As much as possible, thresholds shall be flush with the floor and no greater than 3/4 of an inch.
4. Door handles should be 3 feet from floors. Horizontal lever handles are preferable.
5. Door handles should be knurled to serve the blind as indicators of potential danger areas.



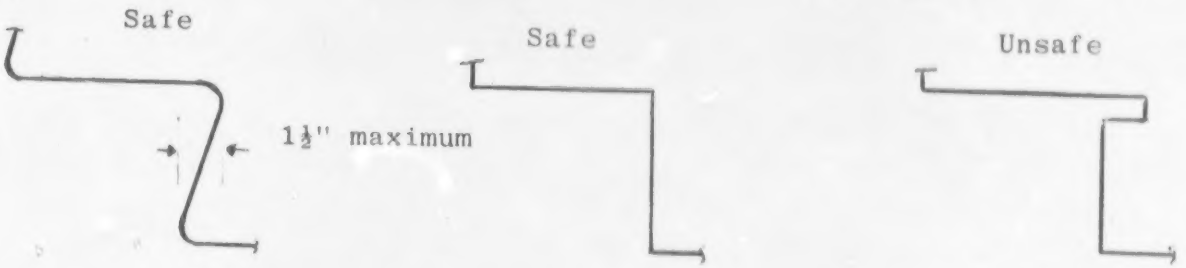


6. If sliding doors are used, handles should protrude.
7. Two sets of doors should not be in opposition. However, if this is not possible, the outer and inner door must have a minimum of 6 feet 6 inches between them so that a wheelchair cannot be trapped between the two.
8. Maximum pressure to open a door should not be over 8 pounds.
9. Handles will be push horizontal lever type.

BARRIER FREE DESIGN STANDARDS

D. Stairs

1. In buildings without available elevators, steps in at least one stairs that might require use by those with disabilities or by the aged shall not have abrupt (square) nosing. (Individuals with restrictions in the knee, ankle, or hip, with artificial legs, long leg braces, or comparable conditions cannot, without great difficulty and hazard, use steps with square nosing, but can safely and with minimum difficulty use steps with nosing as illustrated.)



2. Stairs shall have handrails 32 inches high as vertically measured from the stair nosing at the face of the riser. Where traffic is predominantly children, particularly physically disabled children, extra care should be exercised in the placement of handrails in accordance with the nature of the facility and the age group or groups being serviced. Dual handrails may be necessary.
3. Stairs shall have at least one handrail that extends at least 18 inches beyond the top step and beyond the bottom step on the wall side.
4. Steps should, wherever possible, and in conformation with existing step formulas, have rises that do not exceed 7 inches.
5. The landings, stair well platforms, and floor levels shall be distinguished from the stairs by a contrasting color, and/or texture. Recommended size is at least 60 inches.

BARRIER FREE DESIGN STANDARDS

6. Hand railings should be knurled and/or taped before bottom and top stairs.

E. Floors

1. There shall not be a difference between the level of the floor of a corridor and the level of a meeting room, dining room, toilet room, or any other public room, unless proper ramps are provided.
2. Floor surfaces will be of non-skid material.
3. If rugs are used in the building, they will be of a tight-bound material. They will not be of a shag-type rug.

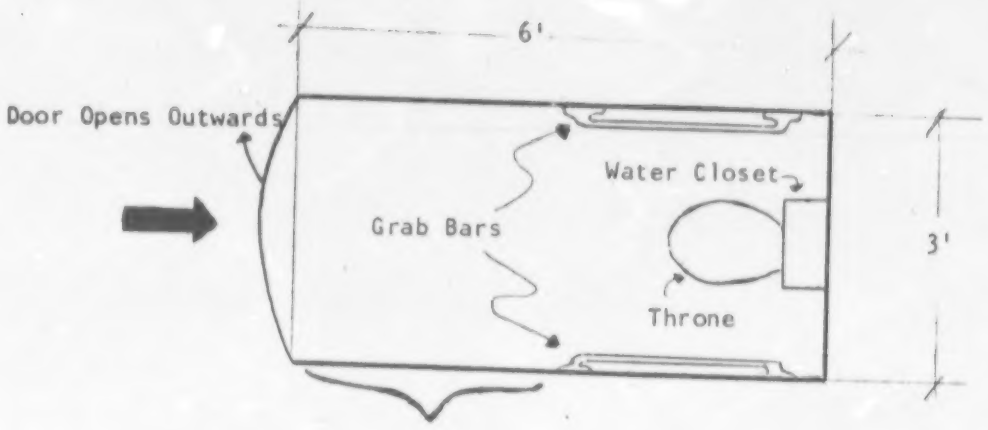
F. Toilet Rooms

1. There shall be at least one toilet per sex which will allow traffic of individuals in wheelchairs. There shall be at least one toilet stall per sex constructed for the handicapped within the toilet room.
2. The toilet stalls' dimensions are as follows:

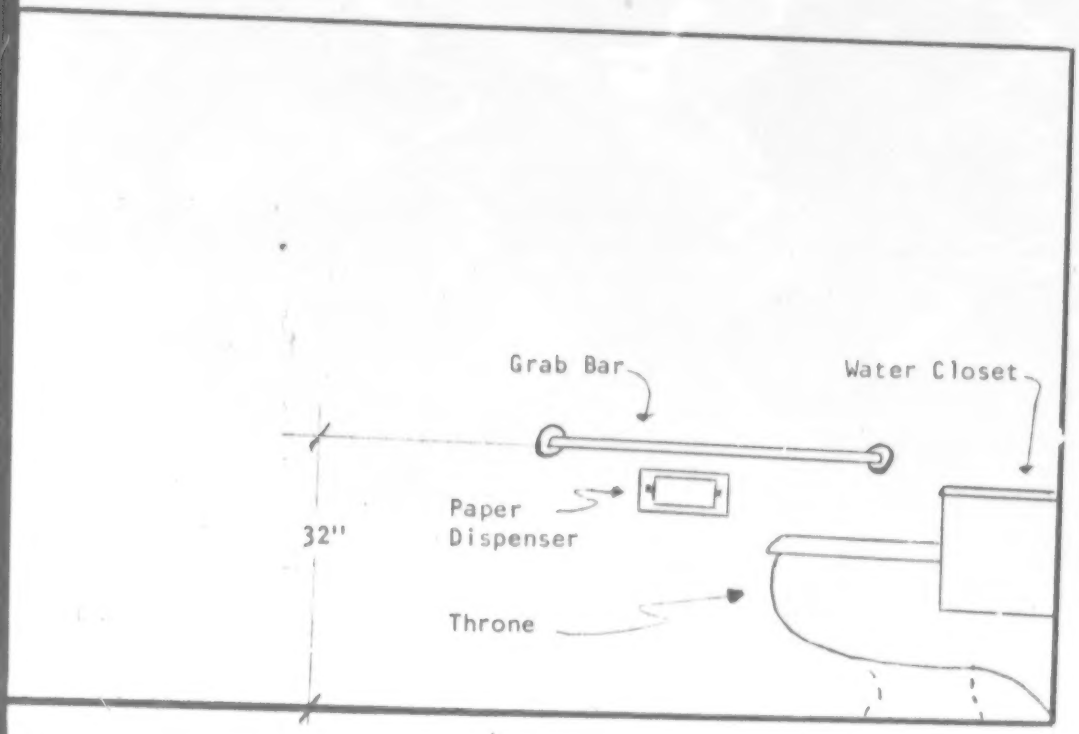
a. 3 feet wide.
b. At least 6 feet deep (no less than 5 feet).
c. A door (where doors are used) that is 36 inches (no less than 32 inches) wide and swings out.
d. Handrails on each side, 32 inches high and parallel to the floor, 1½ inches in outside diameter, with 1½ inches clearance between rail and wall, and fastened securely at ends and center.
e. A water closet with the seat 20 inches from the floor.

NOTE: The design and mounting of the water closet is of considerable importance. A wall-mounted water closet with a narrow understructure that recedes sharply is most desirable. If a floor-mounted water closet must be used, it should not have a front that is wide and perpendicular to the floor at the front of the seat. The bowl should be shallow at the front of the seat and turn backward more than downward to allow the individual in a wheelchair to get close to the water closet with the seat of the wheelchair.

BARRIER FREE DESIGN STANDARDS



Area For A Wheelchair



Area For A Wheelchair

6'

BARRIER FREE DESIGN STANDARDS

3. Drain pipes and hot-water pipes under a lavatory must be covered or insulated so that a wheelchair individual without sensation will not burn himself.
4. Some mirrors, shelves, towel dispensers, soap dispensers, and sanitary napkin dispensers, etc. will be provided at a height of 40 inches above the floor.
5. Clear space below a sink should be a minimum of 32 inches above floor level.
6. All faucet handles should be easy to operate (eg; lever handles).
7. Toilet rooms and stalls that are accessible to the handicapped may be identified by the international symbol of the handicapped.

G. Water Fountains

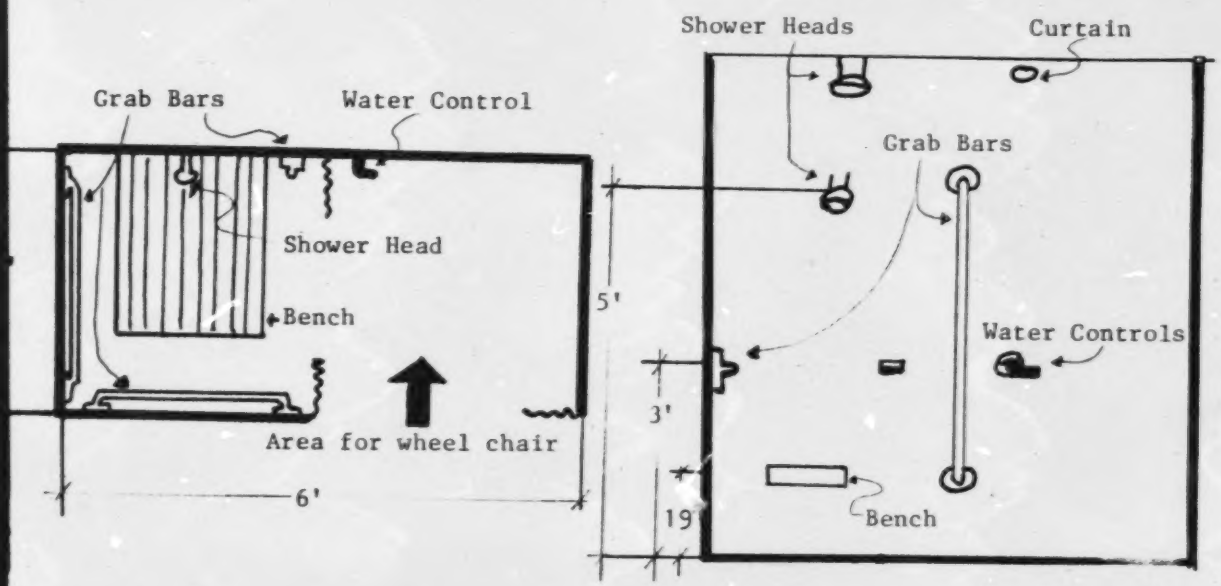
1. Wall-mounted, hand-operated coolers of the latest design manufactured by many companies, can serve the able bodied and the physically disabled equally well when the cooler is mounted with the basin 36 inches from the floor. (Conventional floor-mounted water coolers can be serviceable to individuals in wheelchairs if a small fountain is mounted on the side of the cooler 32 inches above the floor.)
2. Water fountains or coolers shall have up-front spouts and controls.
3. Water fountains or coolers shall be hand-operated or hand-and-foot operated.

BARRIER FREE DESIGN STANDARDS

4. Fully recessed water fountains are not recommended. (If recessed are used, the recessed area should be no less than 3 feet wide.)
5. Water fountains should not be set into an alcove unless the alcove is wider than a wheelchair.

H. Showers

1. One shower stall per sex shall be accessible to the handicapped.
2. The shower stall dimensions shall be:
   a. 6 feet wide.
   b. 3 feet deep.
   c. The water control, horizontal grab bars and the soap tray should be placed 3 feet above the floor level; 5 feet for the first shower spray.
   d. A seat positioned 19 inches above the floor (the seat should be hinged to fold against the wall).
   e. Grab bars as detailed in the following diagrams shall be provided:



3. An additional shower spray should be placed at the regular height to provide comfortable utilization by everyone.

BARRIER FREE DESIGN STANDARDS

I. Locker Rooms

1. 5% of the bench area shall be open for wheelchairs to have ample space to park.
2. All corridors shall be a minimum of width of 30 inches.
3. 5% of the lockers shall be designed for handicapped usage.

J. Public Telephones

1. An appropriate number of public telephones should be made accessible to and useable by the physically disabled. There shall be at least one telephone that will be useable by the handicapped.
2. Such telephones, should be 36 inches above the floor so that the dial and the handset can be reached by individuals.
3. An appropriate number of public telephones should be equipped for those with hearing disabilities and so identified with instructions for use.

K. Controls

1. Switches and controls for light, heat, ventilation, windows, draperies, fire alarms, and all similar controls of frequent or essential use, shall be placed within reach of individuals in wheelchairs. The height should be 36 inches above floor level.

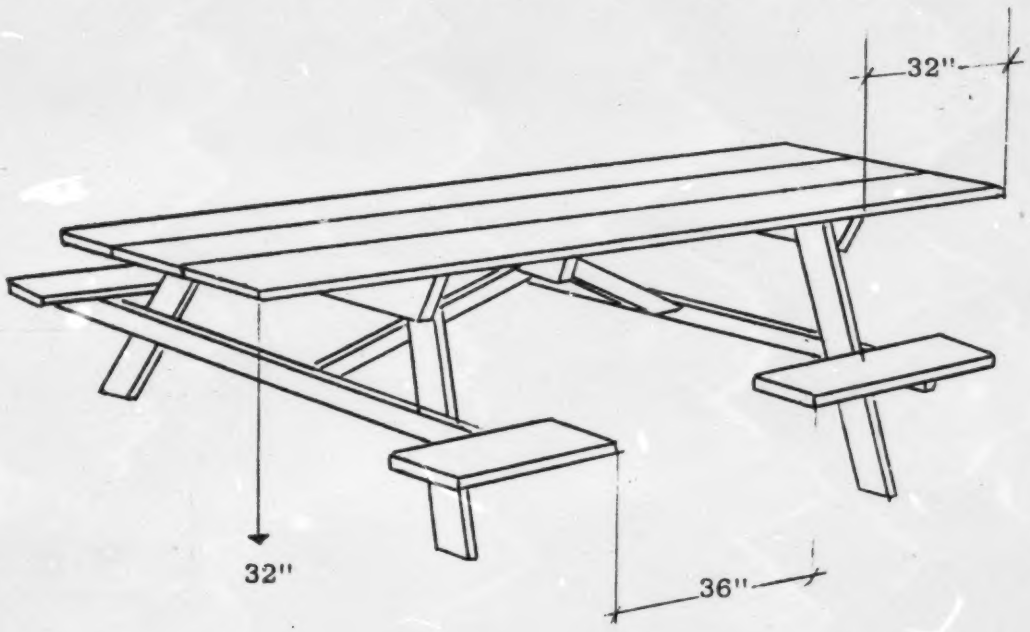
L. Assembly Areas

1. Public recreation and assembly areas to include theatres, auditoriums, arenas, stadiums and other like areas shall be provided with appropriate number of spaces for wheelchairs so as to permit the handicapped to participate as spectators.

BARRIER FREE DESIGN STANDARDS

M. Tables (Interior/exterior)

1. At least 2% shall be accessible to wheelchair individuals.
2. There must be 32 inches of clearance from the floor level to the undersurface of the table tops.
3. There should be 30-32 inches of horizontal clearance at the ends of the tables to the nearest support.
4. Picnic tables should have a 36 inch opening in the bench.



Subject Area	Basic Theoretical Standards
Exterior Walks	* Width: 48 in. wide (minimum) * No abrupt changes in level * Blend to common level when crossing other ways * Two entrances/exits are without steps * Platforms: 5 ft. x 5 ft. if door swings toward walk; 3 ft. x 5 ft. if door doesn't swing toward the walk * Adequate gradients
Fishing Pier	* Adequate railings are provided: 32" high * Tilted shelve for resting hands & pole 32" high on dock. * Shelve for tackle approximately 25" high.
Fire Places/ Grills	* 2% of fire places & grills shall be 30" above ground level.
Pool	* 6' wide recessed stair entrance/exits. * 2" to 4" deep swim gutter at top of stairs. * Adequate railing 32" high.
Parking Lots	* 2% of parking spaces identified for handicapped * Width: 12 ft. * Sign and road markings for identification

Subject Area	Basic Theoretic Standards
Interior Ramps	* Slopes are not greate 1 ft. rise in 12 fee * Handrails 32 inches h * Non-slip surface * Platforms at 30 ft. i
Entrances/ Exits	* At least two entrance without steps--prefer --for all floors
Doors and Doorways	* Width: 36 in. (no l 32 in.) * Floor level 5 ft. be after each door * Doorsills less than * Door handles 3 ft. h * Door handles knurled danger areas; handra * Sliding doors have protruding handles * If two sets are in c tion, there must be between them * 8 pounds pressure fo * Specs. hold true for interior and exterio *Door handles shall be push type.

Basic Theoretical Standards
Width: 48 in. wide (minimum) No abrupt changes in level Blend to common level when crossing other ways Two entrances/exits are without steps Platforms: 5 ft. x 5 ft. if door swings toward walk; 3 ft. x 5 ft. if door doesn't swing toward the walk Adequate gradients
Adequate railings are provided: 32" high Tilted shelve for resting hands & pole 32" high on dock. Shelve for tackle approximately 25" high. 2% of fire places & grills shall be 30" above ground level. 6' wide recessed stair entrance/exits. 2" to 4" deep swim gutter at top of stairs. Adequate railing 32" high.
2% of parking spaces identified for handicapped Width: 12 ft. Sign and road markings for identification

Subject Area	Basic Theoretical Standards
Interior Ramps	* Slopes are not greater than 1 ft. rise in 12 feet * Handrails 32 inches high * Non-slip surface * Platforms at 30 ft. intervals
Entrances/ Exits	* At least two entrances/exits without steps--preferably all --for all floors
Doors and Doorways	* Width: 36 in. (no less than 32 in.) * Floor level 5 ft. before and after each door * Doorsills less than 3/4 in. * Door handles 3 ft. high * Door handles knurled in danger areas; handrails taped * Sliding doors have protruding handles * If two sets are in opposition, there must be 6 ft. in between them * 8 pounds pressure for door * Specs. hold true for interior and exterior *Door handles shall be horizontal push type.

Subject Area	Basic Theoretical Standards
Stairs	* Without square nosings * One 18" handrail extension beyond top & bottom steps * Landings, stairwell, and floor level platforms distinguishable by colors from stairs * At least one handrail 32 in. high
Floors	* No differences between levels of rooms and pathways unless properly ramped
Toilet Rooms	* At least one toilet room/sex * At least one toilet stall/sex * Dimensions: Width - 3 ft., depth - 6 ft., door - 32-36 in. swings out, handrail (see standards), see standards * Drain pipes covered/insulated * Some mirrors, shelves; towel, soap, sanitary napkin dispensers are 40 in. above floor; or tilted for use. * One sink 30 in. clear space to floor * Faucet handles easy to operate * Identification symbol

Subject Area	Basic Theoretical Standards
Water Fountains	* Basin 36 inches from floo * Upfront spouts and contro * Hand or hand and foot operated * Recessed area 3 ft. wide
Showers	* One shower stall/sex * Dimensions: 3 ft. deep, 6 wide; water control, sho spray, soap tray all 3 f 6 in. above floor; seat high, grab bars * Additional shower spray a regular height * Water control should be placed at entrance to st
Locker Rooms	* 2% bench area clear * Corridors 36 in. wide * 2% lockers have handles a hooks 36 in. high
Public Telephones	* At least one telephone d and handset 36 in. high * Indoors and outdoors * Hearing equipment

Basic Theoretical Standards	Subject Area	Standards
out square nosings 18" handrail extension nd top & bottom steps ings, stairwell, and floor platforms distinguish- by colors from stairs least one handrail in. high	Water Fountains	* Basin 36 inches from floor * Upfront spouts and controls * Hand or hand and foot operated * Recessed area 3 ft. wide
fferences between levels oms and pathways unless rly ramped	Showers	* One shower stall/sex * Dimensions: 3 ft. deep, 6 ft. wide; water control, shower spray, soap tray all 3 ft., 6 in. above floor; seat 19 in. high, grab bars * Additional shower spray at regular height * Water control should be placed at entrance to stall.
least one toilet room/sex least one toilet stall/sex nsions: Width - 3 ft., h - 6 ft., door - 32-36 swings out, handrail (see dards), see standards n pipes covered/insulated mirrors, shelves; towel, , sanitary napkin ensers are 40 in. above r; or tilted for use. sink 30 in. clear space loor et handles easy to ate tification symbol	Locker Rooms	* 2% bench area clear * Corridors 36 in. wide * 2% lockers have handles and hooks 36 in. high
	Public Telephones	* At least one telephone dial and handset 36 in. high * Indoors and outdoors * Hearing equipment

CHECKLIST FOR BARRIER FREE DESIGN STANDARDS

Subject Area	Basic Theoretical Standards
Controls	* Switches (eg. heat, lights, ventilation, fire alarms, etc.) shall be 36 in. off the floor * Push plates for those without hands.
Assembly Areas	* Theatres, auditoriums, stadiums shall have 2% seating available
Tables	* 2% tables shall have 30 in. of clear space below the top * 2% tables shall have 30 in. of extension on sides * Middle seat cut out on picnic tables.
Windows	* push type; handles placed 30 - 36 inches from floor.

APPENDIX (D)

DESCRIPTION OF AGENCIES SERVING HOWARD COUNTY'S HANDICAPPED RESIDENTS

SUMMARY OF AGENCIES SERVING HOWARD COUNTY'S
HANDICAPPED RESIDENTS

1. Columbia Jaycees
2. Columbia Medical Plan
3. Delrey Development Center
4. Foxleigh Development Center
5. Gateway Preschool
6. Howard County Association for Retarded Citizens
7. Howard County Board of Education, Special Education Department
8. Howard County Head Start
9. Howard County Health Department
10. Howard County Workshop, Inc.
11. John F. Kennedy Institute for Habilitation of the Mentally and Physically Handicapped
12. Linwood Children's Center, Inc.
13. Maryland School for the Blind
14. Maryland Schools for the Deaf
15. Mt. Washington Children's Hospital (formerly Happy Hills)
16. Rosewood Center
17. School for Contemporary Education
18. Division of Vocational Rehabilitation (Region IV, Area IV)

Age Grouping	Type of Handicap or Service	Agency's Name	Address
	Any	Howard County Health Dept.	3450 Court House Dri Ellicott City
	Any	Columbia Medical Plan	Little Patuxent Park and Harper's Farm Ro Columbia
	Aquatic Recreation (All Types)	CASE Swim Program (Columbia Jaycees)	Columbia Swim Center Wilde Lake Village G Columbia (Program Si
ALL AGES	Epilepsy	Chesapeake Association for Epilepsy	2518 North Charles, Baltimore
	~~Epilepsy~~ Any	J.F.K. Institute for Habilitation for the Mentally and Physically Handicapped	707 North Broadway Baltimore 21205
	Mentally Retarded	Howard County Association for Retarded Citizens	Wilde Lake Village G Suite 175, Columbia
	Mentally Retarded	Rosewood Center	Owings Mills
	Respite Care	Mount Washington Hospital (Happy Hills)	1708 W. Rodgers Rd. Mt. Washington
	Respite Care	Foxleigh Development Center	Reisterstown & Valle Garrison

andicap vice	Agency's Name	Address	Telephone
	Howard County Health Dept.	3450 Court House Drive Ellicott City	465-5000
	Columbia Medical Plan	Little Patuxent Parkway and Harper's Farm Road Columbia	997-8500
ecreation s)	CASE Swim Program (Columbia Jaycees)	Columbia Swim Center Wilde Lake Village Green, Columbia (Program Site)	730-1100
	Chesapeake Association for Epilepsy	2518 North Charles, Baltimore	243-4811
	J.F.K. Institute for Habilitation for the Mentally and Physically Handicapped	707 North Broadway Baltimore 21205	955-4434
Retarded	Howard County Association for Retarded Citizens	Wilde Lake Village Green Suite 175, Columbia	730-0638
Retarded	Rosewood Center	Owings Mills	363-0300
Care	Mount Washington Hospital (Happy Hills)	1708 W. Rodgers Rd. Mt. Washington	578-8600
Care	Foxleigh Development Center	Reisterstown & Valley Roads Garrison	373-0066

SUMMARY OF AGENCIES SERVICING HOWARD COUNTY'S HANDICAPPED POPULATION

Age Grouping	Type of Handicap or Service	Agency's Name	Address
ADULT	All Types	Howard County Health Dept	3450 Court House Dri Ellicott City
	All Types (Vocational)	Division of Vocational Rehabilitation	8156 Main Street Ellicott City
	All Types	Howard County Workshop Inc.	9042 Route 108 Columbia
	Cerebral Palsy (EMR & TMR)	Delrey Development Center	18 Delrey Avenue Catonsville
	Mentally Retarded	Howard County Association for Retarded Citizens Activity Center	Lisbon United Methoc Church, Route 144 Lisbon
	Mentally Retarded	Rosewood Center	Owings Mills
	Mentally Retarded	Springfield Center	Sykesville

MMARY OF AGENCIES SERVICING HOWARD COUNTY'S HANDICAPPED POPULATION

Handicap rvice	Agency's Name	Address	Telephone
s	Howard County Health Dept	3450 Court House Drive Ellicott City	465-5000 X 351
s (Vocational)	Division of Vocational Rehabilitation	8156 Main Street Ellicott City	465-5000 X 381
s	Howard County Workshop Inc.	9042 Route 108 Columbia	997-8181
Palsy (MR)	Delrey Development Center	18 Delrey Avenue Catonsville	744-3151
Retarded	Howard County Association for Retarded Citizens Activity Center	Lisbon United Methodist Church, Route 144 Lisbon	442-2333
Retarded	Rosewood Center	Owings Mills	363-0330
Retarded	Springfield Center	Sykesville	795-2100

Age Grouping	Type of Handicap or Service	Agency's Name	Address
	All Types	Howard County Health Dept.	3450 Court House Dr. Ellicott City
	Blindness	Maryland School for the Blind	3501 Taylor Ave. Baltimore
	Cerebral Palsy (EMR & TMR)	Delrey Development Center	18 Delrey Ave. Catonsville
SCHOOL AGE	Deafness	Maryland School for the Deaf	Columbia Campus, Rou Columbia Frederick Campus, 10 Frederick
	Diagnostic, Hearing Impaired, Home and Hospital Language Impaired, Mentally Retarded(EMR /TMR) Specific Learning Disabilities, Non Public Assistance, Orthopedically Impaired, Summer School, Speech & Language School, Speech & Language, and Visually Impaired	Howard County Board of Education Special Education Dept	(Administrative Offic Mailing: Rt.32 Clarks Visiting: Rt. 32, Sin
	Mentally Retarded: Vocational	Howard County Association for Retarded Citizens Activity Center	Lisbon United Methodi Route 144, Lisbon

andicap vice	Agency's Name	Address	Telephone
	Howard County Health Dept.	3450 Court House Dr. Ellicott City	465-5000 X 351
	Maryland School for the Blind	3501 Taylor Ave. Baltimore	444-5000
Palsy R)	Delrey Development Center	18 Delrey Ave. Catonsville	744-3151
	Maryland School for the Deaf	Columbia Campus, Route 175 Columbia	465-9611
		Frederick Campus, 101 Clark Pl. Frederick	662-4159
c, Hearing Im- me and Hospital Impaired, Retarded(EMR /TMR) Learning es, Assistance, Ortho- Impaired, Summer eech & Language eech & Language, ly Impaired	Howard County Board of Education Special Education Dept	(Administrative Offices) Mailing: Rt.32 Clarksville Visiting: Rt. 32, Simpsonville	531-5744 X 248
etarded:	Howard County Association for Retarded Citizens Activity Center	Lisbon United Methodist Church Route 144, Lisbon	442-2333

Age Grouping	Type of Handicap or Service	Agency's Name	Address
	All Types	Howard County Head Start	11226 Route 216 Scaggsville
	Autistic	Linwood Children's Center	Church Road, Ellicott
	Blind	Maryland School for the Blind	3501 Taylor Avenue Baltimore
	Cerebral Palsy (Educable Mentally Retarded)	United Cerebral Palsy of Central Maryland; Delrey Development Central; Towson and Arbutus Day Care Center	18 Delrey Ave. Catonsville
PRE SCHOOL (0 - 5 YEARS)	Deaf	Maryland School for the Deaf (Columbia Campus)	Route 175/Old Montgom Columbia
	Hearing, Speech & Communicative	Gateway Preschool	808 Park Ave. Baltimore
	Severly Multiple Handicapped	Maryland School for the Blind	3501 Taylor Ave. Baltimore
	Severly & Profound Mentally Retarded	Howard County Association of Retarded Citizens Children's Center	8430 Glen Mar Rd.

licap e	Agency's Name	Address	Telephone
	Howard County Head Start	11226 Route 216 Scaggsville	725-7988
	Linwood Children's Center	Church Road, Ellicott City	465-1352
	Maryland School for the Blind	3501 Taylor Avenue Baltimore	444-5000
lsy ntally	United Cerebral Palsy of Central Maryland; Delrey Development Central; Towson and Arbutus Day Care Center	18 Delrey Ave. Catonsville	744-3151
	Maryland School for the Deaf (Columbia Campus)	Route 175/Old Montgomery Rd. Columbia	465-9611
eech & Commun-	Gateway Preschool	808 Park Ave. Baltimore	728-5116
tiple Handi-	Maryland School for the Blind	3501 Taylor Ave. Baltimore	444-5000
rofound tarded	Howard County Association of Retarded Citizens Children's Center	8430 Glen Mar Rd.	465-6695

COLUMBIA JAYCEES

Location:

Columbia Jaycees
Columbia Swim Center
Wilde Lake Village Green
Columbia, Maryland 21044
Program Director: Nancy Clifton
Telephone: 730-1100
President Jaycees: Earl Armiger

Agency Description:

Columbia Jaycees is a private, non-profit club receiving funding from memberships and fund raising activities. The Jaycees sponsor group swimming programs for the handicapped.

Program:

CASE SWIM PROGRAM:

Offered for any handicapped individual, the program teaches fundamentals of swimming and, if possible, diving. Volunteers staff the program and the staffing ratio to enrollees is one to one.

ENROLLMENT PROFILE

Area	1971	1972	1973	1974
Howard County	20	35	20	30

Additional Comments:

The director of the program believes that with adequate volunteers, the existing program can expand to fifty individuals.

Aquatic Special Olympics: The Jaycees, the Howard County Association for Retarded Children, and the Columbia Association co-sponsor the aquatics section of the Special Olympics which is approximately 3 hours of competitive aquatic events. Winners go on to participate in State and possibly National Special Olympics.

COLUMBIA MEDICAL PLAN

Location:	Little Patuxent Parkway & Harper's Farm Road Columbia, Maryland 21044 Telephone: 997-8500 Director of Clinical Programs: Harvey Minchew, M.D.
Agency Description:	Non-profit, private, pre-paid Group Practice Plan provides its members access to all medical care resources; persons wishing to join should call for information regarding procedure and cost.
Services:	Special services for emotional disorders, speech and hearing disorders, mental retardation, specific learning disabilities, and visual impairments; services for cerebral palsy, multiple handicaps, orthopedic and health handicaps and addiction are obtained from multidisciplinary teams at Johns Hopkins Hospital and the Kennedy Institute in Baltimore.
Fee:	Pre-Paid Group Medical Plan; non-members seen in emergency, pay on a fee-for-service basis.
Hours:	8:30 - 9:00 p.m., Monday-Friday 8:30 - 12 Noon, Saturday team of physicians on call 24 hours a day
Persons Accepted:	All persons belonging to the Columbia Medical Plan, regardless of age or sex and Medicaid patients; non-members seen in emergencies only. All handicaps served.
Admission Procedures:	Referrals accepted from any source; patients seen by appointment only; emergencies seen on walk-in basis.

DELREY DEVELOPMENT CENTER

Location: United Cerebral Palsy of Central Maryland, Inc.
18 Delrey Avenue
Catonsville, Maryland 21228
Administrator: Mary A. Lietuvnikis, R.N.
Telephone: 744-3151

Agency Description: Private, non-profit organization receiving private and State funding. Approved by the State Department of Education.

Programs:

1. HIGH SCHOOL EQUIVALENCY:

Special Education Services designed to teach cerebral palsey handicapped of high school age or older to pass a high school equivalency test. Transportation provided.

2. BASIC SKILLS IN EDUCATION:

For persons 17 and older. Special Education services designed to teach cerebral palsey handicapped who are at least 17 years of age basic skills. Transportation provided.

3. PRE-SCHOOL EDUCATION FOR RETARDED CEREBRAL PALSY

Daily special education and ancillary services are primarily provided for cerebral palsy handicapped who are educable and trainable mentally retarded (EMR & TMR); however, other EMR & TMR handicaps are accepted. In addition to special education services, the following ancillary services are offered: physical speech, and occupational therapies. 9:00 a.m. to 4:30 p.m., Monday-Friday, September - June.

Fee: Sliding scale based on ability to pay.

Admissions Criteria: Age range from 2 to 6 years and pre-admission diagnostic testing.

Area	Through 1974	1975
Howard County	3	3
Columbia	2	2

Additional Comments: Presently Delrey's caseload is 50, their capacity is 55. Staff anticipates being at capacity in 3-5 years. United Cerebral Palsy of Central Maryland operates the Towson and Arbutus day care centers for children with cerebral palsy ages two to six.

FOXLEIGH DEVELOPMENT CENTER

Location:	Reisterstown and Valley Roads Garrison, Maryland 21055 Telephone: 363-0066 Contact Person: Ms. Nancy Martin, N.H.A.
Program:	Respite care and emergency care for all types of handicaps. Recreation and education activities will vary depending on the length of one's stay.
Fee:	$25.53 per day
Admissions Criteria:	Review of a individual medical and other records.

GATEWAY PRESCHOOL

Location:

808 Park Avenue
Baltimore, Maryland 21201
Telephone: 728-5116

(Administrative Offices)
Hearing & Speech Agency of Metropolitan Baltimore, Inc.
928 North Charles Street
Baltimore, Maryland 21201
Telephone: 685-8441
Executive Director: Jean Chapman

Agency Description:

Private, non-profit, voluntary agency classified by the State Department of Education and by the American Board of Examiners in Speech Pathology and Audiology.

Program:

PRE-SCHOOL PROGRAM FOR CHILDREN WITH SEVERE COMMUNICATIVE DISORDERS:

This special nursery-kindergarten preschool is designed to help meet the needs of children ranging from 2½ to 6 years of age who have severe communicative disorders resulting from neurologic damage, or lack of development of the hearing, language memory and speech system. Gateway's service include the provision of diagnostic teaching, speech and language development activities, auditory training, and speech reading instruction in addition to the usual activities and projects which are found in any nursery or kindergarten. The aim of Gateway is to provide special educational and/or medical services early enough in the child's life so that the child's lack of ability to understand and use speech and language to communicate can be overcome before the child is school age.

Fee:

Tuition costs run approximately $1,800. However, if the payment of the full fee, or even part of the fee is too difficult for a family to meet, no person needing and able to benefit from the services of the agency is refused service becaus of inability to pay. Completion of a Financial Interview is required to receive financial assistance.

Hours & Dates:

Two 2½ hour sessions; 9:30 a.m. to 12 noon and 12:30 p.m. to 3:00 p.m.; Monday - Friday, September - June.

Admissions Criteria:

Reports of previous evaluation and rehabilitation services must be provided prior to admission. Speech, language and hearing diagnostic testing.

ENROLLMENT PROFILE

Area	Through 1974	1975
Howard County	11	18
Columbia	3	5

Additional Comments: Present capacity is 49; 49 preschoolers are enrolling with a total waiting list of 66 (of which 8 are Howard Countians; and of that 8, 4 are Columbians). No capacity to expand at present facility.

HOWARD COUNTY ASSOCIATION FOR RETARDED CITIZENS

Location: Wilde Lake Village Green
Suite 175
Columbia, Maryland 21044
Executive Director: Alan Lovell
Telephone: 730-0638
(Administrative Offices)

Agency Description: A non-profit organization funded by Howard County Government and the United Fund to provide a variety of educational, recreational, and employment services to mentally retarded residents of Howard County.

Programs:

1. Retarded Children's Center (Glenmar Methodist Church, 8430 Glenmar Road, Ellicott City, Md. Telephone 465-6695 Director; Mrs. Ruth Neal)

   A non-profit center supported by state, county and private funds for severally handicapped and mentally retarded preschoolers. Licensed by the State Health and Mental Hygiene Division. Provides a day care program for the severely retarded and multiple handicapped unable to attend public school classes. Emphasis on self help skills, speech, and social development, along with rhythm, and gross and fine muscle development; attempt made to broaden the child's understanding of his everyday surroundings. Transportation is provided.

Fee: None

Hours: 9:30 a.m. - 2:30 p.m., Monday - Friday

Admissions Criteria: Medical, social and psychological diagnostic evaluations required. Three years of age and older.

ENROLLMENT PROFILE

Area	1974	1975
Howard County	12	18
Columbia	1	2

Comments: Present capacity is 30-35 individuals.

2. Activity Center. Lisbon United Methodist Church; Route 144; Lisbon, Maryland 21765; Telephone 442-2333; Director, John Everett

All programs are for the more severe and trainable mentally retarded who cannot function in the Howard County Workshop or the Board of Education Special Education programs, but are capable of some work in a less demanding atmosphere. The Activity Center provides recreation programs and day care for retarded citizens who are 16 years of age and older. Its four programs are aimed at teaching the client attitudes and behaviors which permit him or her to achieve a degree of independence and acceptance in the community:

a. Prework Program: Teaches work habits, personal appearance, basic work skills, janitorial skills, ceramics, staffing and billing.
b. Kitchen Program: Teaches shopping and cooking skills, such as use of kitchen utencils, following recipes, and establishing menus.
c. Independent Living Program: Teaches basic day-to-day living skills, such as brushing one's teeth, washing hair, showering, using finger nail polish and similar skills.
d. Recreation Therapy Program: Improves physiological and kinesthetic musclar coordination activities and builds fine and gross motor control.

ENROLLMENT PROFILE

Area	1971	1972	1973	1974
Howard County	12	18	22	32

3. Listening Ear: Information service for parents and other community members who want to learn more about mental retardation and how to deal with it. Parents with insight in dealing with the problems of the mentally retarded listen to the problems of other parents.

4. Recreational Activities:

   a. Provision of camperships during the Summer months.
   b. Co-sponsors with the Howard County Parks and Recreation Department in afternoons. "Summer Recreation Program for the Handicapped" which provides activities covering sport skills bicycle riding, roller skating, team sport competition, nature hikes, arts and crafts and special events.
   c. Craft Night: Held every Friday night at the Howard County Association for Retarded Citizen's Children's Center. Provides a sense of satisfaction and accomplishment and recreation through the vehicle of Arts and Crafts for clients who are 12 years of age or older.
   d. Special Olympics: Co-sponsored with the Columbia Jaycees. This one day event is held during the Summer. Activities range from track and field to swimming in which winners go on to State competition.

Scouting: Boy Scouts of American Program at the Activity Center

Transportation: Transportation is provided to all programs.

Fee: None

Hours: Activity Center: 10:00 a.m. - 4:00 p.m.
Monday through Friday
Administrative Offices: 9:00 a.m. - 5:30 p.m.,
Monday through Friday, all year.

Admissions Criteria: An individual must be 16 years or older and be severely or profoundly mentally retarded. The adults must be unable to function in either the Howard County Workshop and/or the Board of Education Programs.

HOWARD COUNTY BOARD OF EDUCATION, SPECIAL EDUCATION DEPARTMENT

Location: Most Public Schools
(Administrative Offices)
Mailing: Route 32, Clarksville
Visiting: Route 32, Simpsonville
Supervisor: Mrs. Martha Sullivan
Telephone: 531-5744 ext 248

Agency Description: The Special Education Department is the Department of the Howard County Board of Education responsible for the education of handicapped children. All programs are certified by the State Department of Education.

Programs: Special philosophy, goals, and programs of the Special Education Department are summarized below:

Philosophy:

A. Provide educational services for those children not provided for within the regular classroom.
B. Special Education is an integral part of the total public school program and does not function as a separate entity.
C. Provide for maximum student participation within the local school program.
D. Whenever possible, pupils are to remain in the regular classroom for activities in which they are capable in succeeding.
E. On-going evaluation provides for appropriate student movement.
F. Programs are provided so that each pupil can achieve to the best of his/her ability and thus become a contributing member of society.

Goals:

A. Identify all children in need of special services beyond that provided by regular classroom attention.
B. Develop appropriate programs to identify needs of student population.
C. Integrate programs into total public education system.
D. Develop the students' academic skills, self realization, effective human relationships, suitable economic efficiency and civic responsibility.
E. Work in full cooperation with State, County, private services, agencies and cooperate in providing comprehensive resources to children, parents and educators.

Programs:

The following programs listed alphabetically are provided by the Special Education Department for school-age handicapped pupils residing within the boundaries of Howard County. All programs operate from September through June, do not require a fee, and admit handicapped students. Subsequent to an evaluation by qualified specialists in the appropriate field. Exceptions to these general rules are noted in the program description.

1. Child Study Center: This program's staff includes a coordinator, psychologist, nurse and speech clinician who provide: early diagnosis of SLD, appropriate remedial prescriptions and teacher training. They also provide in-depth pediatric, neurological, psychiatric, sociological evaluations (30 in 73-74) and general diagnostic/prescriptive assistance (200 in 73-74).

2. The Continuam: This program is designed to retain children with mild to moderate handicaps in the mainstream of education rather than in separate self-contained special education classes. Services provided include: consultant, diagnostic/prescriptive, itinerate and special resource services and structured learning environment. This school based team serves all children in the school population for all types of handicapped conditions.

ENROLLMENT PROFILE

School's Name and Level	Number of Teachers	Number of Aides
Elementary		
Ellicott City	3	3
Lisbon	3	2
Phelps Luck (Columbia)	3	2
Total	9	7

3. Hearing Impaired (HI): Those students who need therapy and/or educational institution for hearing dysfunctions at moderate losses (40-60 decibels) and/or severe losses (60-75 decibels) receive the needed therapy at Rockland. Other less impaired students, mild losses (20-30 decibels) and/or marginal losses (30-40 decibels) star in regular schools.

The State Board of Education maximum standard is one instructor for every 10 students in a closed classroom situation.

ENROLLMENT PROFILE

School's Name	Number of teachers	Number of Aides*
Rockland	1	9 (1974)

* An aide will be employed for 1974-75

4. Home and Hospital: This program is designed for any handicapped child of school age who is unable to attend school regularly due to physical conditions. State aid, if approved, shall be available in a special fund to pay the salary and travel expenses for the particular teacher. Salary reimbursement is $6.00 per hour while travel reimbursement is $0.12 per mile; both costs may not exceed $1,000.00 per year per child. Instruction may not exceed six hours per week.

Hours and Dates: To be determined by family and instructor.

Fee: None

Admission Criteria: Resident of Maryland, completion of an application for Special Aide to Teach Handicapped Children at home or within hospital by both the local educational agency and appropriate medical authority.

5. Language Impaired: Children who exhibit severe speech and language dysfunctions receive therapy and educational instruction at the Rockland School. A class of not more than 10 elementary students may be brought together when severe expressive and/or receptive language development exists.

ENROLLMENT PROFILE (L.I.)

School	Number of Teachers	Number of Aides	Actual Students Class 1	Class 2	Class 3	Class 4	Project
Rockland *	4	2	9	8	8	7	

* Diagnosed by psychologist, speech and language therapist as moderate to severe loss.

6. Educable Mentally Retarded (E.M.R.)*: This program is designed to provide services in the publis school for students with an intelligency quotient range of 55-75 who may be expected to maintain themselves independently in the community as adults and can progress in reading and arithmatic.

   The State Board of Education has established the maximum standard of one instructor for every: 10 primary-age students (6-9 years old), 15 intermediate-age students (10-12 years old), 20 junior and senior high-age students (12-21), for those in a self-contained instructional situation; and 30 pupils in a resource-room situation.

* This discussion does not include those educable mentally retarded persons who graduated from public schools. There were 15 in 1970; 16 in 1971; 15 in 1972; 15 in 1973; and 6 in 1974.

ENROLLMENT PROFILE (E.M.R.)

School's Name and Level	Number of Teachers	Number of Aides	Number of Students
Elementary			
Guilford	1		7
Waterloo	1		10
West Friendship	1		10
Swansfield (Columbia)	1		7
Whiskey Bottom Road	1		
Total - Howard County	5		43
Middle			
Glenwood	1		15
Hammond	1		15
Patapsco	1		11
Harper's Choice (Columbia)	1		15
Total - Howard County	4		56
High School			
Atholton	1		10
Mt. Hebron	1		10
Howard	1		10
Glenelg	1		10
Wilde Lake	1		10
Total - Howard County	5		50

7. Trainable Mentally Retarded (T.M.R.): This program is designed for the mentally retarded with an intelligency quotient range of 35-55 and is located at the Scaggsville School. The special education courses taught within the program are self-help skills, social adjustment in the family and financial usefulness in a sheltered environment. The State Board of Education has established the maximum standard of one instructor for every 7 primary aged, 10 intermediate high and 12 junior and senior high aged students.

ENROLLMENT PROFILE (T.M.R.)

Educator	Aide	Maximum Stand	1973
1	1	10	8
2	1	7	5
3	1	10	9
4	1	15	9
5	1	35	35
Howard Co. 5			35

8. Specific Learning Disabilities (S.L.D.): Instruction deals with specific learning disabilities. An SLD student is defined as one who has a disorder in one or more of the basic psychological processes involved in understanding the basic processes of language, speech or writing. The State Board of Education has established the maximum standard of one instructor per 30 students for a resource-room situation. This disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations.

ENROLLMENT PROFILE (S.L.D.)

School's Name and Level	Number of Teachers	Number of Aides*	Actual Student Class 1	Class 2	Class 3
Elementary					
Atholton	2	1	19**	20	
Centennial Lane	1		13		
Clarksville	2 (1*)	1	19	19**	
Elkridge	3 (2*)	1	14	20**	
Guilford	3 (1*)	1	20*	17	6
Hammond	2 (1*)	1	21*	22	
Northfield	1		19		
Rockland	1		21		
St. John's Lane	1		8**		
Waterloo	3 (2*)	2	21	25	
West Friendship	1		11		
Bryant Woods (Columbia)	2		21	21	
Faulkner Ridge "	2 (1*)	1	24*	24	
Longfellow "	2 (1*)	1	21*	21	
Running Brook "	3 (2*)	2	16	20	
Steven's Forest "	1		11		
Swansfield "	1		12		
Talbott Springs "	1		13		
Thunder Hill "	2 (1*)	1	21	26	
Whiskey Bottom Road	2 (1*)	1	20	20*	
Total Elementary	36	15	606 .164*		

School's Name and Level	Number of Teachers	Number of Aides*	Actual Student Class 1	Class 2	Class 3
Middle					
Clarksville	1		22		
Dunloggin	1		9		
Ellicott City	1		9		
Hammond			30		
Waterloo	1		15		
Wilde Lake (Columbia)	1		17		
Oakland Mills "	1		15		
Total Middle	4		86		
High					

*SLD and CSC,
** SLD and CSC Students.
State's Standard calls for 10 Students in a self-contained class and 30 in a resource room.

9. Non Public: This program is for individuals who have such a severe handicap(s) that they are unable to participate in regular or special education classes provided by Howard County Department of Education. These individuals will attend approved non-public day and/or residential schools with financial assistance from the Howard County and State Board of Education. Of the 23 students for 1973-1974 school, 21 were severely emotionally handicapped while the other two were multiple handicapped.

ENROLLMENT PROFILE (NON PUBLIC)
Table No.

Area	1972	1973
Ellicott City		5
Fulton		2
Jessup		1
Savage		1
Fulton		1
Columbia		12
Total	27	23

10. Orthopedically Handicapped: This program is geared to those students who have physical handicaps to such a degree that they severely limit the students mobility. The classes for the program area are currently held at Rockland.

The State Board of Education has established the maximum capacity standard of one instructor for every 7 primary-age students (6-9); 10 intermediate-age students (10-12); and 15 junior and senior high age students (12-21). An aide is provided for this class.

ENROLLMENT PROFILE (O.H.)

Area	1974	1975
Howard County	7	11

11. Physical Developmental Clinic: This program is split into a school year and Summer program. Both programs are geared essentially towards physiological development while the Summer program additionally covers arts and crafts, music and environmental arts. The areas of physiological development are: fine/gross motor, hand-eye coordination, visual perception and auditory discrimination. All physical development is diagnosed and prescribed for each individual and administered on a one-to-one basis.

School Year Physical Developmental Clinic

Hours and Dates: Three 8-week sessions, Saturdays, 9 a.m. until 12:30 p.m.

ENROLLMENT PROFILE
(School Year Clinic)

Area	1970	1971	1972	1973
Howard County	100	100	110	125
Staff	35	29	30	36

Summer Clinic
Summer Program for Children and Youth with Special Needs

Hours and Dates: June 24 - August 2; 9:00 a.m. - 12:00 Noon

Ages: Pre-School to Adult

Sites: Phelps Luck Elementary School and Scagsville Program (T.M.R.)

Fee: $10.00 per week, scholarships are available.

ENROLLMENT PROFILE
(Summer Clinic)

Area	1970	1971	1972	1973	1974
Howard County	60	60	85	90	110
Staff: Paid					75
Volunteer					25

12. Speech and Language Disabilities: This itinerant program is offered to those who have impaired speech or that speech which deviates so far from the speech of other people that it calls attention to itself, interferes with communication or causes maladjustment of its possessor. "Aid is offered for those who have impaired language formulation and integrations patterns primarily as the result of a C.N.S. dysfunction".

Speech and language therapists are offered on an itinerant basis to elementary schools to date and will be provided in 1974-1975 to the middle and high school levels.

The State Board of Education has the maximum program standard of one therapist per 80 cases per week.

ENROLLMENT PROFILE (S AND L.D.)

Therapist	1973
.5*	35
1	75
2	75
3**	55
4	75
5	75
6	75
7	75
8	77
Total	615***

* 1/2 time
** Teacher has additional responsibilities.
*** 22 identify Middle School

13. Summer School: Three S.L.D. classes are held at Phelps Luck Elementary School. Three S.L.D. classes are in a self-contained classroom situation. The State Board of Education's maximum standard is one instructor for every 10 students. The classes were at capacity and met the State Standards. An aide was provided for each school.

Speech Therapy was also offered for one additional Summer course. The State Board of Education's maximum standard is one instructor for every 12 students. The class was at full capacity and was within the State guidelines. Transportation was provided.

Hours and Dates: 9:00 a.m. - 12:00 Noon, Monday - Friday, 4 weeks

Fee: $10.00

14. Visually Impaired: This course being newly established in 1974-1975 school year is for students with such severe visual limitations that they "interfere with learning efficiency to such an extent that they require special teaching services and educational aids." The aim of this program is to have the student attain comparable performance standards of full sighted students.

The State Board of Education has established the maximum program standard of one ininerant teacher for every 20 partially blind students. The itinerant institution will be based in Rockland School.

ENROLLMENT PROFILE (V.I.)

Area	1974
Howard County	12

Howard County Head Start

Location: (Administrative Offices)
11226 Route 216
Scaggsville School
Laurel, Maryland 20810
Telephone: 725-7988
Director: Ms. Susie V. Moore

Agency Description: Funded by county and federal funds.

Program; DAY CARE FOR HANDICAPPED PRESCHOOLERS:

Head Start full day and part day care programs for the Handicapped originates from a federal regulation that 10% of the Headstart registrants must be handicapped. The program is geared towards the average child. However, the staff has participated in training programs sponsored by the Special Education Department of the Howard County Board of Education. The daily program consists of free play, storytelling, music activities, creative activities, rest periods, directed programs and play along with science and social studies. Headstart staff includes medical consultants. 9:30 a.m. to 1:30 p.m., Monday - Friday, October - May (Part day) and September - October (Full day).

Admissions Criteria: Children who meet the criteria established in the Economic Opportunity Act. Fee:

ENROLLMENT PROFILE

Area	1974	1975
Howard County	12	17
Columbia	2	3

Additional Comments: Agency has capability of expanding in that its programs can be operated throughout the County wherever space is available.

HOWARD COUNTY HEALTH DEPARTMENT

Location: P.O. Box 476; 3450 Court House Drive
Ellicott City, Maryland 21043
Telephone: 465-5000 ext. 151
Health Officer: Brett Lazar, M.D.

Agency Description: Public non-profit; limited funds are available for transportation.

Program: The programs of the Howard County Health Department available to handicapped residents include diagnostic services for hearing, speech, and visual defects. These programs are available through Howard County Public Schools. The Department also provides home health care including physical therapy and nursing for persons who are temporarily handicapped. Additionally, physical, speech, and occupational therapy programs are available through the Health Department on a fee for service basis. The Department encourages Howard County residents to call regarding any services not mentioned above.

Fee: Generally, fees are based on ability to pay.

HOWARD COUNTY WORKSHOP, INC.

Location:

Oakland "C" Building
9042 Route 108
Columbia, Maryland 21045
Executive Director: Roger S. Newcomb
Telephone: 997-8181

Agency Description:

Receives funding from clubs and organizations, private foundations, United Fund of Central Maryland, Federal and State grants, Division of Vocational Rehabilitation, Department of Health and Mental Hygiene, Howard County Government.

Cooperative Agencies are: Division of Vocational Rehabilitation, State Department of Education, Veterans Administration, Board of Education, Manpower, Howard Community College, Association of Community Services, County Departments of Health, Mental Health, Social Services, Columbia Parks and Recreation Association.

Member of the International Association of Rehabilitation Facilities and all programs are approved by the Division of Vocational Rehabilitation.

Program:

The goal of the agency is to provide employment, evaluation and training and work adjustment for Howard County citizens with a variety of physical, mental or emotional handicaps. The workshop offers sheltered employment, vocational evaluation and vocational training programs.

1. Sheltered Employment:

   Provides work for handicapped individuals who are unable to function adequately in the community. Jobs entail mailings, assembly work, repetitive tasks, etc., which are subcontracted from area businesses and industries.

EMPLOYMENT PROFILE

Program Area	1972-73*	1973-74
Employed - Competitive Community Employment	5	13
Training - Rehabilitation Programs	6	7
Extended Employment - Sheltered Workshop	7	10
Educational Programs - Students	4	3
Moved - dropped out of Program	2	5
Employed - Homemaker	1	3
Total	25	41

* 1972-73 Program operational six months January - June.

Rehabilitated to highest potential at the time - (73-74) 29

ENROLLMENT PROFILE

Disabilities (Primary)	1972-73	1973-74
Physical - Neurological	13	19
Mental Retardation	6	12
Emotional - Social	8	10
Total	25	41

2. Vocational Evaluation Program: Receiving appropriate records from the referral agency HCW provides a brief orientation and tour for 1-2 weeks for individual interview and psychometric testing, covering intellectual functions, acedemic ability, perceptual functioning, personality and attitude and occupational interest. The client is then exposed to a variety of simulated work explorations through the Singer Graflex covering basic tools, bench assembly, electrical wiring, plumbing and pipefitting, carpentry and woodworking, refrigeration, heating and air conditioning, soldering and welding, office and sales clerk, sheet metal working and masonry. The one-two week situational assessment of behavior is provided at the sheltered workshop.

3. Vocational Training Program: After receiving appropriate evaluation, an individual may be placed in a occupational training setting within the community. Individuals receive a salary based upon their ability to perform work. A portion of the employee's salary is provided by the Howard County Workshop.

Transportation: Transportation is provided.

Fee: Services are generally purchased by a third party (Vocational Rehabilitation, State Welfare, Board of Education, etc.) under a cooperative agreement, otherwise a sliding scale based on the client's ability to pay is used.

Hours: Staff: 9:00 a.m. - 5:00 p.m.
Clients: 9:30 a.m. - 3:30 p.m.

Admissions Criteria: Must be 16 years or older and be physically, emotionally and/or mentally handicapped which prevents the individual from competitive employment.

THE JOHN F. KENNEDY INSTITUTE FOR HABILITATION OF THE MENTALLY AND PHYSICALLY HANDICAPPED

Location: 707 North Broadway
Baltimore, Maryland 21205
Director: Dr. Robert Hasiam
Admissions: 955-4500
Information Service: 955-4434

Program: Comprehensive Services for all types of handicaps for persons to 21 year of age.
The John F. Kennedy Institute provides comprehensive services for handicapped persons including diagnostic, treatmentcounseling, and recreation.

The institute is a private, non-profit organization; supported by Project #917, Maternal and Child Health Services, H.E.W.; parent involvement required; apartments available for families (sliding scale based on ability to pay); transportation provided to outpatient school and day care center; affiliated with Johns Hopkins University, School of Medicine and Hospital and over 34 other hospitals and government agencies. Continuing Education: interdisciplinary library, audio-visual facilities, seminars, symposiums, weekly lectures, public information; extensive volunteer services.

The services available are listed below:

Inpatient; Child Development; Cytogenetics; Hearing and Speech; Nursing; Occupational Therapy; Ophtalmology; Pediatric Denistry; Pediatrics; Physical Therapy; Psychiatry; Psychology; Psychological Testing and Evaluation; Social Services; Special Education; Outpartient Clinics; Birth Defects Clinic; Cerebral Palsy Clinic; Dyslexia Clinic; Kennedy Child Development Clinic; Kennedy Council Lead Poisoning Clinic; Neuromuscular Clinic; Orthopedic Clinic; Pediatric Neurology Clinic; Day Care Center; Hearing and Speech; Special Education School; Kennedy Council Services; Babysitting Service; Information Service for the Handicapped; Sibling Care Center; Camp Kennedy (Summer); Special Education (Summer School)

Fees: Vary but generally based on Income

Admissions Criteria: All handicaps served but person must be under 22 years of age.

LINWOOD CHILDREN'S CENTER, INC.

Location: Church Road
Ellicott City, Maryland 21043
Telephone: 465-1352
Director, Jeanne M. Simons

Agency Description: Private, non-provit, interracial and non-sectarian. Accreditation is by the Maryland State Department of Education and also falls under regulations of the State Department of Health.

Program: DAY AND RESIDENTIAL CARE FOR EMOTIONALLY DISTURBED CHILDREN

Linwood provides day and residental care for severely emotionally disturbed children. The program is based on the changing needs of each child except under the most unusual circumstances. A child is first admitted to the center for a period of 1 - 6 months. The treatment program develops on the basis of the growing acquaintance with the child's needs and strengths, and may include group work, work-shops, house and garden activities, group play, school work, either individually and/or in a group, and individual therapy. The program of residential care includes periods of living at home, but continuation in the same therapeutic group on a day care basis.

Supplementing the work with the child, parents receive a variety of services ranging from group discussions, intermitten counseling to regular casework therapy over a period of time.

Hours & Dates: Day Care hours are 10-3, Monday-Friday. Residential Care hours are from 10-3, Monday-Friday. Both programs run the entire year.

Fee: $7,500 for Day Care and $13,500 for Residential Care. State and/or local aide is available.

Admissions Criteria: Children whose behavior and development gave evidence of psychosis before they reach 3 years of age. Admission before the age of 5 is considered optimum, but older children are admitted. Children must be physically normal, without demonstratable brain damage and apparently of normal intelligence. Each child must have a complete medical check-up before admission (these records are kept on file). Admission is predicted on the family's capacity, in collaboration with the counseling staff to participate in the on-going work with the child.

ENROLLMENT PROFILES

Area	1974
Howard County	12
Columbia	7

Additional Comments: Present caseload is 30 individuals with a capacity of approximately 35. An overload probably can be expected in 5 years.

MARYLAND SCHOOL FOR THE BLIND

Location: 3501 Taylor Avenue
Baltimore, Maryland 21236
Telephone: 444-5000
Director: Mr. Robert E. Martin
Superintendent: Mr. Herbert J. Wolfe

Agency Description: Private, state-aided school. Accredited by the National Accredition Council for Agencies serving the Blind and Visually Handicapped and the Middle States Association of Colleges and Secondary Schools.

Program:

1. Pre-School Residential and Day Care Programs
   The following residential and day pre-school programs are split into two levels. Level No. 1 provides motor, self-care and language skills at a management level for the severely handicapped. Level No. 2 provides the afore skills at a cognitive or preacademic level for the lesser handicapped.

Fee: None to Maryland residents

Hours & Dates: September - June, day and residential depending on one's home residence.

Admission Criteria: Age ranges from 2 1/2 to 6 1/2 years. An individual must be legally blind or have a severe visual dysfunction.

Additional Comments: Agency has the space capability of expanding.

2. Elementary thru High School.
   Day care and residential programs for blind children.

   Programs are tailored to individual needs.

Fee: None

Hours & Dates: September - June

Admission Criteria: Ages 6 1/2 thru 18, an individual must be legally blind or have a severe visual dysfunction.

*No enrollees from Howard County in 1974.

3. Daily and Residential Educational Services for Blind Persons with Multiple handicaps. Daily educational services and evening residential services are provided for those handicapped exhibiting one or more of the following impairments; visual, orthopedic, speech, hearing, health, mental retardation, emotional disturbance. The instructional program is individually designed and focuses on the development of basic skills, concepts, communication, academic readiness, toilet training, eating skills, and so on. Speech, physical and psychological therapy are available in and outside of the regular classroom.

Fee: None to Marvland residents.

Hours: 24 hours for residential students (Sunday afternoon to Friday evening) September - June.

Admissions Criteria: A handicapped must personally have some type of visual impairment. After diagnostic evaluations are performed, an Admissions Committee composed of the principal, counselor, psychologist, counsulting pediatrician, speech pathologist, physical therapist, classroom teachers, and service coordinators along with the cooperation of the parents, formulates cottage placements and allocates types of services for each child.

Attendance Comments: Present capacity is 20, however, this agency is capable of expanding to meet any reasonable need.

MARYLAND SCHOOLS FOR THE DEAF

Location:

Elementary: Maryland School for the Deaf - Columbia Campus, Route 175/Old Montgomery Road, Columbia, Maryland 21045
Telephone: 465-9611
Middle & High: Maryland School for the Deaf - Frederick Campus, 101 Clark Place
Frederick, Maryland 21701
Telephone: 662-4159

Agency Description:

Established under the laws of Maryland; the Board of Directors is appointed by the Governor of Maryland.

Programs:

All programs are based upon the educational philosophy of "Total Communication". This concept attempts to maximize learning as well as linguistic development through the simultaneous use of speech and the Language of Signs, reinforced by the consistent use of amplified sound; all which provides opportunities to interact with others. Individual progress rate is also emphasized. All programs are available at the Frederick campus. Pre-school and primary school programs are offered at the Columbia campus. Facilities for middle and high school programs are being constructed at the Columbia campus.

1. Primary School: The program teaches the normal elementary school curriculum, naturally, along with the needed amplification, auditory training, and sign language.

Hours & Dates:

Generally the hours are 9-3, Monday - Friday, September-June.

2. Intermediate and Advanced: This weekday residential program teaches the normal middle and high school curriculum, naturally, along with the needed amplification, auditory training, and sign language. The regular extra-curricular activities are also provided.

Hours & Dates:

Weekday residential facility, September - June.

Fee:

None for Maryland residents. However, there is an activity fee of approximately $20 per individual.

Admissions Criteria:

Must be legal school age, 60-65 db. loss, resident of Maryland, and a minimum I.Q. of 50.

Transportation:

Public transportation is provided by the Howard County Board of Education.

ENROLLMENT PROFILE

Academic Grouping	Area	1974
	Howard County	7

3. Counseling For Parents Of Preschool Deaf Children
Counseling services are provided to preschool children, parents and peers on an itinerant basis. This program is based upon the educational philosophy of "Total Communication". This concept attempts to maximize learning as well as linguistic development through the simultaneous use of speech and the Language of Signs, reinforced by the constent use of amplified sound all of which provides opportunities to interact with others. Services provided in the program are: helping the family handle the adjustment after the discovery of the deafness, providing supportive sibling/peer counseling, and introducing amplification and auditory training with Sign Language.

Hours & Dates: Generally the hours are 9-3, Monday - Friday, September - June

Fee: None

Admissions Criteria: Must be 4 years old or younger and deaf.

ENROLLMENT PROFILE

Area	1974
Howard County	2
Columbia	1

Additional Comments: Agency has the space capability of expanding.

MT. WASHINGTON CHILDREN'S HOSPITAL (formerly Happy Hills)

Location:	1708 West Rogers Avenue Mount Washington, Maryland 21209 Telephone: 578-8600 Contact Person: Ms. JoAnn Riley
Program:	Respite child care and ancillary therapy for all types of handicaps. Respite emergency care provided for a short period of time (e.g. family emergencies and vacations)
Fee:	Sliding Scale based on one's ability to pay
Admissions Criteria:	Admittance must be directed via either of the following agencies: United Cerebral Palsy, 18 Delrey Avenue, Catonsville, telephone: 744-3151 or Division of the Handicapped, telephone: 396-4477

ROSEWOOD CENTER

Location: Owings Mills Maryland 21117
Telephone: 363-0300
Superintendant: Marvin M. Malcotti

Agency Description: Under the jurisdiction of the State's Mental Retardation Administration

Programs: Residential program for severe and profound mentally retarded of all ages.

The residential center's goal is changing from hospitalization and medical care services to training and educational development orientated to the achievement of attaining the greatest degree of independence back in one's community.

1. Academic Education: This program is geared to fostering favorable attitudes toward school and group activity oriented toward day-to-day living skills, combined with community experience.

2. Educational Program: This segment is specifically geared toward the individual being in a group and/or individual living setting.

3. Speech and Hearing Department: Every resident receives a diagnosis from the audiologist and then is given one-to-one therapy or small group therapy. Therapy attempts to teach better enunciation, broader vocabulary, improve reading skills, and generally enhance the ability to communicate.

4. Physical Therapy:

Recreation Department: For all individuals this recreation therapy provides a "variety of activities suitable to satisfy the long-range recreational needs of the resident with community adjustment in mind."

Pre-Vocational and Vocational Training: This training is aimed at returning the resident to the community. Ward personnel, physicians, psychologists, and the social workers plan the training program for skilled and semi-skilled jobs based upon the individual's personality, physical, and mental abilities.

Related Activities: The Rosewood State Association for Retarded Citizens, Inc. and the Auxiliary of Rosewood Center provide funds, volunteers, public relations, and other services for the center. A Citizens Advisory Board advises the superintendant in setting goals and evaluating achievements of Rosewood.

Hours & Dates: Year round residential.

Fee: None, if resident of Maryland.

Enrollment: 18 from Howard County

SCHOOL FOR CONTEMPORARY EDUCATION

Location: 3604 Chatham Road and
3771 Old Columbia Pike
Ellicott City, Maryland 21043
Telephone: 465-7189
Director: Arthur Hoffarth

Agency Description: Receives funding from local and state agencies and from private agencies. Accredited by the Maryland State Department of Education.

Programs: Education for Emotionally Handicapped children

This agency's special education program uses a "behavioral approach" based on a positive reinforcement. The primary through high school level special education program is paced at the individual's rate, not at the number grade levels that most schools gear their programs. The program has a "point economy system" to which points are awarded for social and academic behavior. Transportation is not provided during the summer months.

The State Board of Education standards require a one to ten ratio. The school provides a one to eight ratio.

Fee: $5,800 for an eleven month program. Local and state aid is available if one qualifies.

Hours and Dates: 9:15 a.m. - 2:30 p.m. - September through July.

Admission Criteria: No physical handicap. Usually referred by the local public school system due to behavior and/or emotional difficulties.

ENROLLMENT PROFILE
Table No.

Area	1974
Howard County	14
Ellicott City	3
Elkridge	1
Laurel	3
Columbia	7

*Additional Comments: Generally has the capacity to expand. The Director believes that the Board of Education will begin to provide this educational service in the next five years.

DIVISION OF VOCATIONAL REHABILITATION (Region IV, Area IV)

Location: 8156 Main Street
Ellicott City, Maryland 21043
Supervisor: Mrs. Marie G. Miller
Telephone: 465-5000, ext. 381

Agency Description: Public state agency. D.V.R. is a division of the State Department of education, receiving funding from the State Department of Education, Social Security, and State Welfare Department.

Program: Vocational rehabilitation for disabled persons.

1. The Division of Vocational Rehabilitation provides a variety of services designed to assist disabled persons 15 years and older obtain employment. Medical services may include help to bring back or improve the person's ability to work - this may include medical, surgical, psychiatric, and hospital care. It may also include physical, occupational speech, or work therapy to correct or reduce the disability. Artificial appliances can be provided - physical aids such as braces, artifical limbs, hearing aids, and other devices to increase work ability.

   Guidance, counseling and training is available to help the disabled men and women pick the right kind of work and to get ready for that kind of a job. Follow-up counseling subsequent to employment is also provided. If the disabled person needs room and board, these services may be provided only while the disabled person is being made ready for work or while he is being helped to find a job.

Fee: None for Maryland residents.

Admissions Criteria: Clients must be 15 and older; have a disability that is a handicap to employment; and a reasonable possibility that the services offered can contribute to the employment of the client.

PROGRAM EXPENDITURES FOR SERVICES TO CLIENTS

Funcing Source	Fiscal 1972	Fiscal 1973
Division Funds	$ 98,000	$ 99,000
Social Security	$ 16,000	$ 14,500
Welfare	$ 1,500	$ 4,000
Total	$115,500	$117,500

APPENDIX (E)

PEER COUNSELING PROGRAM FOR HANDICAPPED PERSONS

APPENDIX E

PEER COUNSELING PROGRAM FOR HANDICAPPED PERSONS

I. Introduction*

This appendix describes a potential model for a peer counseling program for handicapped persons in Howard County. It was stimulated by a workshop held at Howard Community College in September 1974 concerned with the effects on families when a member experiences a sudden handicap. The workshop identified the problems of emotional adjustment encountered by individuals--and members of their families--anticipating or experiencing sudden, severe, handicapping physical losses such as amputation of a limb; loss of sight, hearing or speech; mastectomy, ostomy, paralysis, and stroke. One of the conclusions of the workshop was that peer counseling such as that provided by ostomy and mastectomy societies (whereby guidance is provided by persons who have coped successfully with similar problems) is significantly successful in preventing or alleviating the onset of emotional disability.

The program outlined herein could be sponsored by such organizations as the Family Life Center, Howard County Bureau of Mental Health, Howard Community College and Antioch College. With a concomitant program for the community concerning the problems facing the handicapped individual and the family, this counseling effort would help to prevent the chronic problems associated with handicaps such as depression and social isolation.

* Contributors to this appendix include Jane Graves, Carl Segal, Tom Weiss, Lynn Shoffeitt, Paul Shoffeitt, and Ted Tulis

II. Description of the Program

A training program would be developed for peer volunteers to provide lay counseling either prior to an anticipated physical loss or subsequent to such loss. A central roster of persons trained and certified to provide such counseling, differentiated by special types of handicaps, would be maintained. The organization responsible for accomplishing this would also coordinate the ongoing program and monitor its effectiveness.

A person designated as coordinator for the program would recruit volunteers and obtain a trainer. The training program is projected to entail 10 sessions of 2½ hours each, meeting once weekly. The group atmosphere, hopefuliy, will be one in which trainees will feel comfortable and willing to share their feelings. The group format will also be one in which trainees will be afforded the opportunity to practice skills they learn and receive immediate feedback from the other members. It is the goal of the training program that trainees gain a conceptual as well as practical knowledge of the skills to be learned.

The training program for volunteers will include these topics:

1. Potential emotional reactions prior to impending disability
2. Potential emotional reactions immediately following sudden and related emotional difficulties
3. Potential practical problems after returning home from the hospital and related emotional difficulties

4. Potential reactions to attempt to offer help
5. Use of and philosophy behind effective non-verbal attending behavior
6. Use of and philosophy behind effective attending clarifying and understanding verbal behavior
7. goals of counseling
8. helpers' needs to help

After the training program has been developed, a panel of specialists (behavioral scientist clinicians, educators and physicians in several specialties) will be enlisted to review the course and approve both content and process, or to suggest modifications prior to implementation. In order to evaluate the training program, each group of persons participating will be given an oral review by specialists involved in preparation of the program. An assessment will be made of their understanding of counseling principles, and level of knowledge in the area of their special interest. A rating scale will be developed which will serve as a guideline as to whether or not counselors should be given certification for course completion and competency. In addition each counselor trainee will be asked to evaluate the training program regarding content, process and ability of instructors to communicate with trainees. Any trainee who drops out prior to completion of the course will be requested to share with the training committee reasons for leaving. Information gained by the above inquiries will be fed back into the curriculum development process so modifications may be introduced as they seem indicated.

Subsequent to training, volunteer counselors would be linked with clients. Three means will be used to insure some control over counselor quality:

1. Each counselor trainee will be interviewed by a panel of lay and professional persons (method of selection to be determined) and rated on experience in the area of specific handicap, warmth, empathy, motivation, etc. A global rating will be developed, which can be compared at a later date with subsequent ratings of counselor effectiveness to develop an understanding of the predictive ability of the screening panel.
2. Several months after a counselor has become involved in counseling a patient, an inquiry will be made of the patient and family as to the value of the counseling. Inquiries will be made as to the emotional support to the individual, the family, and specific content recommendations which might have proven useful. An inquiry will be made to the family physician regarding his perception of the usefulness of such counseling. A global rating scale will be developed and in addition, specific narrative comments will be recorded.
3. An attempt will be made to study possible relationships between pre-training and post-training assessments, and subsequent performance as a counselor. It is expected that counselors will be called upon only several times during the course of a year, so that conclusions drawn will have to be tentative rather than definitive.

An additional component of this program could be training programs for public officials that will have the opportunity to relate to handicapped persons in such organizations as the Columbia Association, Board of Education, Howard County Government.

As integrated or separate programs for the handicapped are developed and implemented by this organization, the personnel involved with this implementation will encounter new situations vis-a-vis the handicapped. Sensitivity training for such personnel (such as community center directors) could be an integral part of the program proposed here. The training would alert personnel to problems facing the handicapped, and would assist them in handling these situations with tact and ease. The training would also help these persons to evaluate their own attitudes toward handicaps and would lead them to a deeper understanding of the needs of a handicapped person.

Four one-hour orientation sessions would be offered to staff on a scheduled basis. In addition, the Director of Training and the volunteer trainees would be available for consultation.

III. Job Descriptions and Budgets

1. Coordinator

The Coordinator will implement the program in cooperation with the Director of Training and designated persons from appropriate agencies involved, such as the Family Life Center, and the Howard County Health Department. The Coordinator will be responsible for:

1. Enlisting volunteer trainees
2. Maintaining and disseminating the roster of certified trainees
3. Informing the community and potential users of the availability of the service.

2. Director of Training

The Director of Training will be responsible for the planning and implementation of the training programs. He will personally be responsible for the nucleus of the training and be involved in arranging for outside speakers to share with the group their experiences. Through the use of experiential and didactic methods and assigned reading materials, the director will help the trainees to enhance their understanding of their own needs and experiences as handicapped people and to learn such basic helping skills as active listening and methods for facilitation of effective communication.

3. Budget

The total budget minus administrative costs would be approximately $1400 - $300 for a Coordinator, $900 for a Director of Training and $200 for a specialist's fee and materials.

APPENDIX (F)

SUMMARY OF RESPONSES FROM HOWARD COUNTY
PHYSICIANS REGARDING HANDICAPPED NEEDS

APPENDIX F

SUMMARY OF RESPONSES FROM HOWARD COUNTY PHYSICIANS REGARDING HANDICAPPED NEEDS

The Howard County Health Department, Bureau of Mental Health, in co-operation with the Family Life Center sent questionnaires to all known Howard County Physicians (approximately 100) in May, 1974. The questionnaire was designed to help determine the need for a peer counseling program for handicapped persons. The survey instrument included questions asking how many handicapped and what type have physicians served during the past year. Physicians were also asked if they would use a carefully planned supportive counseling program for handicapped individuals established by these agencies as well as their perceptions of the needs of the handicapped in Howard County.

40 of the 100 estimated County's physicians responded to the questionnaires. The following represents thefindings of the questionnaire relevant to this study.

1. The physicians reported that hysterectomy and paralytic events (strokes, cord, lessons, etc.) were the two most frequest occurring during the previous year.

Order of Responses	Physical Loss	N
1.	Hysterectomy	338
2.	Paralytic event (stroke, cord, lesson, etc.)	189
3.	Mastectomy	86
4.	Severe hearing loss	82
5.	Colostomy and/or Ilestomy	64
6.	Severe visual loss	63
7.	Limb Amputation	52
8.	Laryngectomy	19
9.	Ureterostomy	9

2. Approximately 30% of Howard County's physicians replied that they would refer their clients to a carefully planned supportive counseling program. 5 replied they would consider doing so and 7 replied such a service does not apply to their field.

3. Nearly 50% of the responding physicians stated that they would be willing to give some of their time to a supportive counseling program; 10 replied that they would not and 9 were undecided.

4. Physicians perceptions of needs* The physicians were asked "Based upon your own professional experience with handicapped individuals, please check the intensity of needs for additional services for the handicapped in Howard County."

The following summary is an average response to each question based upon a modified Lickert Scale.

Physicians Perceptions for Additional Services Needed by Handicapped Persons

Subject Area	Average Rating	N
1. Building accessibility	3.56 or a moderate to great need to make building accessible	11
2. Middle & High School Education Services	3.54 or a moderate to great need for additional services	16
3. Preschool Development Services (coordination, motor skills, etc.)	3.27 or a moderate to great need for additional services	15
4. Elementary Recreation Services	3.20 or a moderate to great need for additional services	15
5. Middle & High School Recreation Services	3.18 or a moderate to great need for additional services	11

6.	Public Transportation are built to meet wheelchair prothetic needs	3.12 or a moderate to great need for additional services	17
7.	Elementary Education Services	3.07 or a moderate need for additional services	15
8.	Adult Recreation Services	3.00 or a moderate need for additional services	11
9.	Adult Education Services	2.17 or a slight to moderate need for additional services.	23

Spaces for other perceived needs was provided and the following subject areas were mentioned:

. "Ostomy: Club

. elevators at schools for injuries.

. audio and vestibuler evaluation.

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* The questionnaire was based on a modified Lickert scale with the following six categories in an effort to provide a qualified average to a subjective perception:

Categories	Quantitative Scale
(EG) Extremely great need to provide additional services.	5
(G) Great need to provide additional services.	4
(M) Moderate need to provide additional services.	3
(S) Slight need to provide additional services.	2
(ES) Extremely slight need to provide additional services.	1
(NO) No opportunity to experience category.	0

A limitation to this questionnaire was that from 40% to 80% of the physicians that did respond to the survey did not respond to particular questions either because they did not have an opportunity to experience the particular question or because it was not relevant to the physicians specialty. Thus, the valadity of the survey instrument can be questioned.